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ABSTRACT

The purpose of this manual is to provide a written tool for those participating in a 3-day workshop designed to train mental health professionals from diverse settings and communities to counsel court-mandated batterers. The manual consists of: (1) an outline of the workshop; (2) an introduction; (3) six chapters/sections; (4) notes; and (5) three appendices. The introduction includes the purpose of the manual, the philosophy underlying court-mandated treatment for those who batter, and background information. Section I defines battering, discusses the causes of battering, and delineates the characteristics of men who batter. Section II states the treatment goals and objectives for counseling those who batter. Section III describes the assessment process which is divided into three phases, i.e., gathering initial information for crisis intervention, gathering information for treatment, and developing ongoing assessment. Section IV describes the therapeutic treatment for men who batter, while Section V describes a model counseling program for men who batter. Section VI focuses on therapeutic issues, e.g., effectiveness of court-mandated counseling, cultural and ethnic variables, and religious factors. Appendix A contains an annotated reference/resource list, Appendix B includes practice principles for helping battered women, and Appendix C provides a general information sheet about the workshop for participants. (PAS)

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COURT-MANDATED COUNSELING FOR MEN WHO BATTER:
A THREE-DAY WORKSHOP FOR MENTAL HEALTH PROFESSIONALS

PARTICIPANT'S MANUAL

Prepared by

ANNE L. GANLEY, Ph.D.

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The men and women who have the courage to end the battering in their relationships.

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OUTLINE

COURT-MANDATED COUNSELING FOR MEN WHO BATTER:
A THREE-DAY WORKSHOP FOR MENTAL HEALTH PROFESSIONALS

DAY I

TIME		CONTENT
30 minutes		Registration/Distribution of Materials
40 minutes		Introductions and Welcome
20 minutes	*	Definitions of Battering
15 minutes	*	Causes of Battering
15 minutes		Break
90 minutes	*	Causes of Battering (continued) Characteristics of Men Who Batter
90 minutes		Break and Meal
5 minutes		Questions/Comments from Morning Session
55 minutes	**	Issues Related to Victims of Battering
10 minutes		Break
50 minutes		Issues Related to Victims of Battering (continued)
10 minutes		Break
20 minutes		Issues Related to Victims of Battering (continued)
30 minutes	*	Treatment Goal and Objectives in Programs for Men Who Batter
		Adjourn for the Day

* Discussed in Participant's Manual
** Covered in the Annotated Reference/Resource List (Appendix A of Participant's Manual)

DAY II

TIME		CONTENT
10 minutes		Questions/Comments from Previous Day
50 minutes	*	Assessment: Routine Intake
10 minutes		Break
40 minutes		Skills-Building Session on Routine Intake
10 minutes		Break
50 minutes	*	Assessment: Phase I and Phase II
90 minutes		Break and Meal
60 minutes		Therapists' Attitudes: Impact on Counseling
10 minutes		Break
50 minutes	*	Characteristics of an Effective Counseling Program for Men Who Batter
10 minutes		Break
50 minutes	*	One Cognitive Restructuring Strategy -- The Anger Log
		Adjourn for the Day

* Discussed in Participant's Manual

DAY III

TIME		CONTENT
60 minutes	*	Group Counseling for Men Who Batter
10 minutes		Break
50 minutes		Group Counseling Demonstration
10 minutes		Break
50 minutes		Group Counseling for Men Who Batter (continued)
90 minutes		Break and Meal
60 minutes		Working with the Criminal Justice System
10 minutes		Break
50 minutes		Working with the Criminal Justice System (continued)
10 minutes		Break
50 minutes	*	Agency Issues and Prevention of Burnout
		Adjourn
		Relaxation and Social Hour

* Discussed in Participant's Manual

INTRODUCTION

PURPOSE OF THE PARTICIPANT'S MANUAL

The purpose of this manual is to provide a written tool for those participating in a three-day workshop designed to train mental health professionals to counsel court-mandated batterers. The workshop and the manual were developed for participants from diverse settings and communities.

PHILOSOPHY UNDERLYING COURT-MANDATED COUNSELING FOR THOSE WHO BATTER

The workshop and curriculum materials are based on certain principles:

1. Spouse battering is a crime and consequently it falls under the jurisdiction of the criminal justice system.
2. Battering is learned behavior which is under the control of the person doing it. Constructive alternatives to violence can be learned.
3. Battering is not a "mental illness." However, the mental health system is one arena in which those who batter can learn constructive alternatives to violence.
4. Court-mandated treatment is necessary for many who batter. Due to their personality characteristics of denial, minimization, externalization, and impulsivity, many batterers will either avoid or fail to complete voluntary treatment programs.

5. The primary goal for this counseling is to stop the battering.

ASSUMPTIONS MADE IN DEVELOPING THIS MANUAL

This manual is based on certain assumptions about battering, about the workshop which accompanies the manual, about those participating in the workshop, and about the other resources utilized in such educational experiences.

1. Battering and Men Who Batter: The manual is written using a descriptive definition of battering. Battering is assaultive behavior between adults in an intimate, sexual, theoretically peer, and usually cohabitating relationship (see SECTION I, page 8 for a definition of battering). The discussion of battering refers to the offender as he and the victim as she. The use of these pronouns reflects my experience that those who batter are usually male and those who are battered are usually female.
2. The Workshop: This manual is designed to accompany a three-day workshop to train mental health professionals to counsel court-mandated batterers. However, the material is not limited to court-mandated counseling. The information presented and examples given were drawn from counseling both court-mandated and self-referred clients. The design of the workshop includes both information-sharing and skill-building sessions. The workshop covers certain topics

and has some exercises not mentioned in the manual (see the Outline of a Three-Day Workshop for Mental Health Professionals on page ix). Consequently, this manual reviews only the main concepts in counseling men who batter. Even though the manual is written so it can be read independently of the workshop, it will at points appear incomplete. Those reading the manual, but not attending the workshop, should fill in the missing material by additional readings and discussions (see Appendix A).

The workshop is designed for thirty participants to be lead by two trainers who are skilled in leading educational/training workshops for mental health professionals. At least one trainer must have some direct counseling experience in working with men who batter. The "credentials" for being trainers are skills that come from experience, not necessarily from academic degrees.

3. Participants: The workshop and manual are specifically designed for mental health professionals who are or will be coordinating their efforts with the criminal justice system in their communities. The design of the workshop and manual assumes that the participants are experienced counselors who already have skills in assessment, as well as in group and individual counseling. Consequently, those basic skills are not reviewed in either the workshop or the manual. The

design also assumes that all participants already view battering as a problem, but have varying amounts of information and varying degrees of experience with the victims and/or offenders.

4. Other Resources: The Annotated Reference/Resource List is provided as an appendix, for use by both the workshop trainers and the participants. The Trainer's Guide, which is a companion piece for this manual, contains a detailed outline of the three-day workshop for mental health professionals and comments regarding both content and process. The trainers and local sponsors of such a workshop are encouraged to select local resources and personnel from the criminal justice system and shelters to assist in the presentation of particular workshop sessions. The workshop's audio-visual aids are described on the Annotated Reference/Resource List.

BACKGROUND

The treatment approaches covered in the workshop are based on the social learning theory of aggression (Bandura, Albert. Aggression: A Social Learning Analysis, Englewood: Prentice Hall, Inc., 1973). This theoretical view provides a basis for the development of therapeutic approaches that are consistent with a criminal justice system that holds individuals responsible for their behavior. The approaches are also useful with self-referred clients, as well as those

referred by relatives, the mental health or medical systems, clergy, etc.

The specific treatment approaches that are discussed were not chosen because they are the most successful ones for all individuals who batter. At this time no one knows which are the most successful approaches. It is very likely that, as in the field of alcoholism, different approaches will be successful with different individuals. Those described in this manual were chosen because they have been successful for some men who batter, and they are useable in the context of the criminal justice system.

These materials have resulted from my clinical and consulting experience as well as from the experiences of a wide variety of individuals working in the field of family violence. I co-designed and co-directed a residential treatment program for men who batter. Presently, I counsel such men in an outpatient setting. I also provide counseling services to victims of battering. In the past three years, I have been conducting training workshops nationally for community-based programs counseling men who batter. Others giving input to the development of the materials include shelter workers, therapists for men who batter, clients, and educators in the field of family violence.

SECTION I

DEFINITIONS AND CAUSES OF BATTERING AND CHARACTERISTICS OF MEN WHO BATTER

The development of an effective treatment program is based on a common understanding of what the problem is, where it comes from, and who is causing it. This section reviews my understanding of battering, its causes, and the characteristics of men who batter. The counseling format reflects this conceptual framework.

The following descriptive definitions of battering reflect the belief that there is no justification for violence in a family, except for physical self defense. Regardless of the problems which may or may not be in a relationship, they can and should be solved through means other than physical force. Furthermore, the counseling approach which begins with a descriptive definition of battering gets both the counselor and client out of the business of determining whether or not battering is justifiable and on to the task of developing alternatives to battering. Such a focus is a prerequisite to effective intervention.

DEFINITIONS

Whether battering is labeled wife beating, marital violence, woman battering, or spouse abuse, it signifies violence. There are various ways to define battering; some based on the impact on the victim, some based on behavioral descriptions, some on intent, and some on a combination of factors. Which definition a counselor uses is not as important as

whether the definition makes sense to both counselor and client and whether it can be used consistently in both assessment and treatment. For this manual, wife battering is defined as the assaultive behavior between adults in an intimate, sexual, theoretically peer, and usually cohabitating relationship. This definition reflects both the behaviors occurring between the two persons and the context in which those behaviors take place.

Four Forms of Battering

For assessment purposes, I categorize battering, the assaultive behavior between adult intimates, in four forms: (1) physical battering, (2) sexual battering, (3) psychological battering, and (4) the destruction of property and pets. These four forms are not totally separate categories of behavior since there is some obvious overlap.

Sexual battering overlaps with physical battering since both involve direct attacks on the victim's body. The destruction of property and pets overlaps with physical battering because both are physical acts against a person or object. However, the destruction of property and pets also overlaps with psychological battering since neither involves a direct attack on the victim's body. Too often sexual violence and the destruction of property/pets have been overlooked as part of the battering patterns. It has been useful in my clinical work to highlight them by putting them into separate categories. In some relationships all four forms of battering

occur; while in others, there are only two or three of the forms present. For example, one man may batter physically and psychologically, but he may not sexually assault his mate. All four forms of battering can be behaviorally described and defined.

1. Physical Battering. The first and most obvious form of batttering is the physical form. Physical battering includes all aggressive behavior done by the offender to the victim's body. It includes pushing, pinching, spitting, kicking, pulling hair, hitting, punching, choking, burning, clubbing, stabbing, throwing acid or boiling water, shooting, and so forth. Sometimes particular areas of the body are targeted; as in the case of hitting the victim's face only, or only hitting a woman's torso or the abdomen of a woman during pregnancy. For others, any area of the body becomes a likely target.

Often there is a mistaken tendency for therapists to place physical battering on some kind of continuum, ranging from a slight push to murder, to delineate the severity of the battering. Thus, hitting with an open hand is considered less serious than hitting with a closed fist, shoving is less serious than punching, and so forth. Such a severity continuum can be misleading if it is used to determine whether or not the battering is dangerous and whether it requires intervention. The reality is that shoving can be as or more dangerous than punching when evaluated by the injury to the victim. A person

who is shoved may be paralyzed or killed, while a person who is punched may receive a broken nose. To avoid inadvertently minimizing and denying the dangerousness of physical battering, counselors as well as clients need to avoid comments such as, "it isn't serious, he only shoves her." In assessing the physical form of battering, it is important to inquire about all types of physical attacks.

2. Sexual Violence. The second form of battering is sexual violence which includes physical attacks on the victim's breasts/genitals or forced sexual activity accompanied by either physical violence or the threat of physical violence. Some women report that their battering mates force sexual activity after a beating, or require the performance of certain sexual practices while holding a loaded gun to their heads, or force certain unwanted sexual activities, or force sex with a third person. One woman said that her husband brought home pornographic magazines. He would beat her if she refused to do the sexual activity pictured in the magazine. Or if she complied, he would beat her for going along with such "dirty sex."

There are some cities and states that recognize these sexual assaults as crimes and prosecute offenders, even if the offender is married to the victim. There are many other cities and states that do not recognize rape within marriage as a crime. Regardless of the legal status of these sexual assaults, I consider sexual violence to be a form of battering that requires assessment and intervention.

3. Psychological Battering. The third form of battering is psychological battering. This form is carried out with psychological weapons rather than physical attacks. In fact, the victim's body is not touched. Psychological battering includes a variety of behaviors: (1) threats such as threatening suicide, threatening violence against a mate or others, threatening to take children away, threatening to deport foreign-born wives, etc.; (2) forcing the victim to do degrading things, such as eating cigarettes left in an ashtray, licking the kitchen floor, etc.; (3) controlling the victim's activities, such as sleeping and eating habits, social relationships, access to money, etc.; (4) constant attacks on a mate's self-esteem by verbal abuse or through total denial of her ideas and feelings, etc.; and (5) doing things to intentionally frighten the victim, such as speeding through traffic, playing with weapons, etc.

In my clinical and research work, I make a distinction between psychological battering and emotional abuse.[1] Both may be behaviorally similar, and to the outside observer they may look the same. Both are destructive to relationships. The distinguishing feature of psychological battering is the atmosphere of physical violence and fear in which it takes place. This atmosphere is created by the offender's physical or sexual assaults on the victim and his destruction of property/pets. I label certain behavior as psychological battering when it occurs in a relationship where there has been at least one

episode of physical violence.[2] Without such an incident I would tend to identify verbal attacks and sabotaging behaviors as emotional abuse.

In my clinical work, I observed that psychological battering has more destructive power than emotional abuse. Victims of psychological battering become more entrenched more quickly in a sense of helplessness than victims of emotional abuse. The power of psychological battering comes directly from the physical/sexual violence that has already occurred. The offender is successful in dominating and coercing the victim by using psychological weapons precisely because she knows from experience that he is capable of backing up his psychological battering with physical assaults.

Because of the presence of this physical violence, psychological battering is analogous to brainwashing experienced by prisoners of war and hostages. Both POW's and victims of psychological battering lose individual control over where they go, who they see, their sleep patterns, and even their eating habits. Battered women have talked about their mates waking them in the middle of the night to force them to listen to two or three-hour harangues about their bosses, the government, or some slight at the men's club. One Korean victim was denied the right to cook any of her own ethnic foods either for herself or for their children. Many shelters report that victims are malnourished and suffer from sleep deprivation, not because of poverty but because the offender's behavior often interferes with proper sleeping and eating.

In cases of both battered women and POW's, the captor isolates the victim from others and controls more and more of the victim's reality. A battered woman often has no outside contacts with whom she can check her perceptions of herself and others. Also, both battered women and POW's are put through degrading experiences. Both are controlled by the violence or the possibility of it. They live with the constant fear that the violence may return and with the belief that their captors are fully capable of carrying out any threat, since they have already demonstrated their abilities to be violent. However, unlike the brainwashing of the POW's, the psychological battering of most women is carried out by their intimates, those who at other points may be loving. Psychological battering may be more disorienting to battered women than to POW's because it is not being done by individuals who are clearly understood to be enemies.

The POW analogy is one way to illustrate the distinction between psychological battering and emotional abuse. This distinction can be helpful to the men who batter. When they understand that physical assaults provide the foundation for psychological battering, they can more easily understand how it terrorizes her. The distinction clarifies another point for them. At times they say they are being "battered" by their victims when they mean that they are being emotionally abused. These men have not been assaulted by their mates and they are not terrorized by them.

4. Destruction of Property and/or Pets. The fourth form of battering is the destruction of property or pets. Unlike physical or sexual violence, this form of battering is done without actually attacking or ever touching the victim's body. However, the destruction of property or pets is still an assault on the victim.

In such battering, the destruction is not random. It is the victim's favorite china that is thrown against the wall, or a gift he gave her during courtship that he tears up in front of her, or her pet cat that is strangled. Sometimes after an argument, a batterer destroys objects he treasures because he knows that she is aware that these are his prized possessions. Then he blames her for causing the ruin of his property.

Sometimes the objects that are destroyed are selected randomly, but the destruction is still purposeful. To make a point, he throws an object at her during a fight, intentionally just missing her head. The victim never knows when the assaults on property will turn into physical assaults.

Sometimes property is destroyed when the victim is not present, but it is still done to attack her. One man, whose spouse escaped to her mother's home after an argument, went on a rampage through the house. He broke things against the wall, took syrup from the cabinet and poured it on the rugs, etc. He then called his wife and told her what he had done. He insisted that she return to clean up the mess that she had "caused."

Typically the offender and the victim do not identify the destruction of property/pets as part of the battering; yet it is. The offender's purpose in destroying the property/pets is the same as in his physically attacking his partner. He is simply attacking another object to accomplish his battering of her. Sometimes we minimize the seriousness of this form of battering by saying that at least it is better than hitting her. Unfortunately, it often has the same psychological impact on the victim as a physical attack.

Similarities of the Four Forms

Whether the battering is physical, sexual, psychological, or the destruction of property/pets, all four forms have certain characteristics in common. First, all are done without concern for the physical or mental well being of the victim. The man who batters acts without concern for the consequences of his violence to the victim. In retrospect, he may see the physical damage done by his violence. He may even feel a great deal of guilt and remorse about it. However, he does not anticipate the destructive impact on the victim prior to the assault. Even when he recognizes the physical damage, many times he fails to see the emotional damage he has inflicted on his partner and on their relationship. The batterer often complains about his partner's insecurities, passivity, or hostility, without understanding that such behavior may be the effects of repeated battery.

Second, all four forms of battering are done to show control and domination. Often it is the batterer's feelings of insecurity, anxiety, and helplessness that trigger his violence. The batterer is attempting to gain control over his internal feelings by dominating another person.

Third, regardless of which forms occur in a relationship, usually the incidents of battering are recurrent and they often escalate in severity and frequency unless the batterer makes necessary changes in his behavior.

Context

What distinguishes battering from stranger-to-stranger violence is the intimacy of the relationship between the offender and victim. The couples may be married, separated, divorced, dating, or cohabitating lovers. One assumes that there is or has been both a relationship of love and care and a shared history. The individuals are "family" to each other.

Wife battering is but one expression of family violence. The intimate context for the abuse is also characteristic in three other categories of family violence: (1) child abuse/neglect and incestuous assault, (2) sibling violence, and (3) battering of older adults by adult children.[3] It is this intimacy intertwined with chronic violence which magnifies the trauma for victims, and complicates the issues for them as well as for the offenders and the intervenors.

While wife battering is similar in some aspects to the other types of family violence, there are some significant

differences. One important difference between wife battering and the other types of violence is in the nature of the legitimate family roles of the offender and the victim. In wife battering, the victim and the offender are both adults, and their legitimate roles are as peers. In two categories of family violence, the victim and offender are not both adults in an equal relationship, and there is a legitimate role of one having more power over the other. In cases of child abuse, neglect, and incestuous assault, there is a distortion in those legitimate disciplinary and caretaking roles. To change, the child abuser or incest offender has to stop his/her abusive behavior and learn how to provide the appropriate guidance and care. In cases where an adult child abuses an older adult parent, the abuser also has to stop his/her violent behavior and learn to provide the appropriate guidance or care to the disabled or dependent parent.

The situation is different in cases of wife battering. When two adults are involved in an intimate relationship as lovers and/or partners, the legitimate roles are ones of mutual respect and responsibility. Theoretically, neither partner is solely responsible for disciplining or caring for the other. The parent role is not an appropriate role between adult partners; as adults, each person has an equal responsibility to the relationship.

In cases of wife battering, the problem of the violence is often complicated or exacerbated by rigid expectations, based on sex-role stereotyping, which deny equal responsibili-

ties and rights in the family. For example, a man may expect that he should be the sole breadwinner and sole decision-maker for the family. If his spouse goes to work outside the home, in order to help make ends meet in the face of inflation and rising costs, the man often feels that he is a failure in his role as provider for the family. With this stereotyped expectation to be the breadwinner, he is likely to feel pressured whether his wife is employed or not. Feeling pressured and anxious, he is more likely to batter. To change, the man who batters needs to stop the battering and also learn to relate intimately as an equal partner.

A full exploration of the similarities and differences among wife battering, stranger-to-stranger violence, and the other categories of family violence is beyond the scope of this paper. However, it is important for us as counselors to understand the implications of certain similarities and differences. When wife battering is described behaviorally, its violence is like all violence and its destructiveness can no longer be minimized simply because it occurs within the family. When the intimate context for that violence is understood, then we can more fully comprehend the pain, terror, and confusion of both the victim and the offender. When we see which legitimate family roles are being distorted in battering, then the treatment goals and objectives for the offender become clear.

Using Descriptive Definitions of Battering

These definitions of battering are descriptive, based on what is happening behaviorally and in what context. By using descriptive definitions of the four forms of battering, counselors can evaluate data provided by clients to determine whether or not wife battering is occurring. Sometimes counselors mistakenly attempt to make such a determination by others factors, such as: (1) the frequency of the occurrence (Is it battering if he hit her only one time?); (2) the severity of the injuries (Is it battering if she only got a black eye?); or (3) the qualities of the victim or the offender (Is it battering if the victim "deserves it"? Is it battering if the offender is a nice guy?). Such questions are not adequate to determine whether or not battering is involved in the relationship.

Some counselors are tempted to overlook or discount the importance of reports of single, isolated, violent incidents. According to the definitions outlined, even one violent episode is serious because it may lead to severe injury or death. For example, one man touched his wife only once in anger and during that one episode he beat her to death. One event can be lethal. Furthermore, a single but less lethal episode is serious because it provides the foundation for ongoing psychological battering. In one argument, a man had grabbed and shoved his wife several times causing some minor bruises. He never hit her again, but every time he wanted to coerce her to do something, he would refer to that one episode

and threaten further violence. Having experienced that one physical fight and fearing another violent episode, the woman would comply when her husband psychologically battered her.

Too often counselors attempt to define battering by evaluating the characteristics of the victim or the offender rather than by attending to the behaviors. For example, one man reported that he hit his wife when she got drunk. The counselor ignored his hitting and focused on how the alcoholic wife warranted such anger. In doing so, the counselor discounted the man's use of violence in the relationship and failed to point out that justifiable anger does not justify violence. Sometimes we as counselors minimize the battering because the man has a good job, is a pillar of society, or "at other times is a gentle man." The characteristics of those involved as well as the frequency and severity of the violence are relevant in treatment, but not in answering the initial question, "Is the client involved in battering?"

CAUSES OF BATTERING

To develop an effective treatment program, clinicians need to understand the causes of spouse battering. This manual will discuss causes briefly in terms of one particular theoretical view - social learning theory.[4] Social learning theory provides the foundation for the counseling format outlined later in this manual. This counseling approach is based on the perspective that wife battering is learned behavior,[5] and that it is primarily a learned response to stress.

Wife battering, like other kinds of violence, is learned behavior. Individuals who are violent have learned at what time, in what place, under which circumstances, at whom, and in what way to act violently. They have learned their patterns of violence from observing others and from their own trial and error experiences. Through observation and experience, men in the military, women in self defense classes, football players in training, police, murderers, etc., have learned to be assaultive in a particular environment. The same learning process occurs for men who batter.

In most cases, wife battering is a learned response to stress. When experiencing a great deal of stress, some individuals have learned that it is appropriate to strike out, to be violent. The stressor or what is perceived as a stressor varies from person to person. The stressor may be internal, such as feelings of insecurity, inadequacy, or helplessness or it may be external such as interpersonal conflicts, unemployment, racism, illness, etc. For some individuals there may be a combination of internal and external factors.

Battering is one way that <u>certain</u> people have learned to respond to stress. It is not a universal response. There is a myth that all people have breaking points at which they will become violent. All people do have breaking points. However, the response to such "breaking points" or to other stress points varies from person to person. Some people laugh; others cry, become passive, hallucinate, take drugs, drink alcohol, overeat, talk, or problem solve; and some are violent.

How people react to their internal and external stressors, i.e., whether they use violence or not, largely depends on what they have learned in the past. Consequently, the cause of battering is not the particular stressors facing that man, but the cause is his previous learnings about how to deal with those stressors. Ending wife battering requires a change in what batterers have learned; they must learn new, nonviolent ways to deal with their stress.

The man who batters has learned a complex set of behaviors, attitudes, and beliefs which facilitate his violence. First, he has learned to strike out, to be violent, and to attack when experiencing a lot of pressure. Men who batter identify both chronic and acute stressors in their lives. They express feelings of being out of control and some talk about mounting pressure that precedes the violent incidents. They have learned to reduce that tension through aggression toward another. They have not learned other tension-reduction or coping skills such as empathizing, verbal expression of feelings, problem solving, etc.

Second, these men have learned that the safest place to strike out, in terms of consequences to them, is in the family. Even when the men are aware that the source of their stress is elsewhere, such as in their jobs, they usually will not become violent in that setting. They are afraid they would lose their jobs or in some other way be punished for that aggression. They seldom fear immediate punitive consequences for violence against family members.

Third, men who batter have learned certain cultural and social values about masculinity and their roles in families which support their aggression and violence. Many men who batter have stereotyped views about the man being the head of the household, the home being his castle, and his woman and children being merely extensions of himself. Typically, men who batter have been socialized to stifle the expressions of all emotions except anger. They tend to express most emotions, e.g., fear, grief, etc., as anger. These patterns of behavior, beliefs, and attitudes that support their violence are learned.

These battering patterns and attitudes are learned in the man's family of origin, in the culture, and through his own prior experiences. The influence of the family of origin is noticeable. Clinicians who counsel men who batter consistently report that a high percentage of these men were battered as children or witnessed abuse between significant adults in their lives.[6] As victims in their childhood, these men learned that it is appropriate to hit those they love for their own good and that the physically strongest family member is the judge of what is good for others. In their families of origin, they acquired beliefs that no one in the family has a right to hurt another or to reject another without being punished for it. Their childhood experiences also provide them with particular standards for being men and certain values about their roles as husbands and fathers. Often these expectations of self, developed at an early age, facilitate their violence against their wives and sometimes

against their children.

Violence is not learned solely in the family of origin. Our culture as a whole tends to reinforce those same family teachings. Violence is seen as a way to solve problems in everything from cartoons to newspaper reports, jokes to advertisements. In particular, aggressive and violent behavior is a symbol of "manliness." As Dr. Lance Harris has noted, many of the heroes in the dominant American culture can be divided into the "shooters" (John Wayne, Clint Eastwood, etc.) or "hitters" (football heroes, boxers, etc.). One male cultural hero who does symbolize nonviolence is Martin Luther King, Jr. and yet a majority of men do not pattern their behavior after this model of nonviolence. In addition, our culture extolls the emotion of anger, at least for men. In an article on a Rosebowl football team, one recent newspaper headline read, "What the Huskies Need is a Little Competitive Hate." To be masculine, a man must show anger (but no insecurity, tenderness, sadness, hurt, etc.) and must be aggressive and violent, when necessary.

Besides the influences of family and society, men who batter also learn to respond to stress with violence from their experiences with their spouses. Often, violence at home is inadvertently reinforced by what follows the battering episode. Many batterers experience intense and mounting pressure and physiological tension prior to a violent episode. When they become violent, they experience a reduction in physical tension and physiological arousal, which can be a

powerful reinforcer.[7]

Sometimes, there are other reinforcers as well. The victim, after a beating, may acquiesce to a batterer's demands; others may treat him with more respect. Thus, the batterer may feel more in control. Even if he feels remorseful or guilty about his mate's injuries, he (and sometimes the victim herself) tends to blame the victim for "causing" him to "lose control." He denies responsibility for the violence. Due to the tacit acceptance of family violence in society and to the lack of clear messages that his violent behavior must stop, his violence is rarely punished. With these reinforcers and the lack of punishments, he is more likely to act out violently again when he is under stress. In that way the pattern of violence begins and maintains itself.

Given that it is the batterer's inability to deal with stress, originating from his past learnings, that causes the violence, then it is his responsibility to change. The battering is not caused by the relationship or the victim. In some cases, the source of the batterer's stress may be in the relationship. He may be hurt or angry about his mate's behavior toward him. However, he is the one who is responsible for using violence rather than other means to confront those problems. In other cases, his stress may be stemming from problems outside the relationship. He may feel inadequate as a parent or as a provider for his family, or he may be anxious about pressures on the job, or he may repeatedly perceive rejection where there is none. In such cases, the stressors

are not the victim's activities, and yet she becomes the target of his violence. Since no one can provide a stress-free environment for the man who batters, he must learn new, nondestructive skills to deal with stress. However, first he must learn that violence is not an acceptable coping mechanism and that he has the capability of changing.

CHARACTERISTICS OF MEN WHO BATTER

The following is a discussion of the characteristics of men who batter. More effective treatment programs can be developed by understanding these characteristics and by knowing how each impacts the counseling process. The information presented in this section is based on my clinical experience; it did not come from nor has it been tested out in research using the appropriate control groups. Consequently, the following is not meant to be either a definitive or exhaustive list of characteristics of men who batter. Nor is it meant to be a diagnostic profile in its current form. It cannot be used to distinguish men who batter from other client groups. Some individuals may have all the listed characteristics and yet may not be batterers. Certain men who batter may have some but not all of the listed characteristics. While these characteristics are not predictive of violence, they are relevant to the design of an effective treatment approach.

Men who batter come from all races, socio-economic classes, occupations, religious affiliations, and ages. There continues to be some controversy as to whether or not there is a higher percentage of batterers in one class than another,

and if so what it may mean. Even with that point unresolved, it is obvious that wife beating can no longer be seen as being confined to just this or that group. Men who batter may be rich, poor, unemployed, professionals, laborers, white, Native American, black, Catholic, Morman, Atheist, seventeen, thirty-five, or sixty-seven. There are many differences among men who batter. What they do have in common are their experiences as violent men.

Victims of Abuse as Children

Often, as children, men who batter either witnessed battering between other family members or were battered themselves. Their childhoods were training grounds for the violence which the men, as adults, commit against their spouses and sometimes their children. In some cases, the men reenact childhood experiences by battering their victims in the same way, with the same weapons, as they were beaten as children. However, the men rarely make a connection between their violent behavior and what they experienced in childhood.

In therapy, their childhood victimization is used in various ways, but it is not the major focus of treatment (see SECTION II). Often it is used to illustrate that battering is learned behavior which can be eliminated through learning new ways to cope with stress. It is important to avoid letting men who batter use their histories to justify continuation of their violent behavior. Another therapeutic use of such data is to facilitate the violent man's empathy for his

victim. As he identifies and integrates his emotions about being a victim of violence during childhood, then the man who batters can sometimes develop empathy for the feelings of the person he has abused.

Minimization and Denial

Most men who batter tend to minimize the seriousness of their violent behavior, to themselves as well as to others. For example, a man who batters may talk about having had "a little fight," meaning that his assaultive behavior resulted in hospitalization of the victim. This minimizing is usually a form of self-denial rather than lying. Because men who batter do care and have intimate relationships with their victims, it is painful for them to fully recognize what they are doing. At times, the batterer may recognize his problem with battering and then may return to minimizing and denying it.

Often this pattern of minimization and denial surfaces about issues other than the violence. For example, the man who batters may deny to himself the importance of particular events or emotions. Counselors need to be aware of these characteristics and confront them whenever they appear. It is difficult for the man who batters to make changes unless he sees fully what he is doing and unless he takes responsibility in altering those patterns. Such confrontations are facilitated by having access to corroborative data from family members, others close to the client, police reports, etc.

Externalization

Many of the men who batter see their lives as being externally directed. They attribute many successes and all failures to external factors. In the case of successes, they often talk about job promotions resulting from "luck," "favoritism from the boss," etc. They rarely say that a promotion came from their own hard work. This same tendency to externalize can be seen in how they talk about their problems as always being the fault of someone else. This manifests itself in discussions about the battering as well. At first, the man who batters almost always explains the cause of the violence as being out of his control. He often justifies the assaults by attributing their cause to the victim, alcoholism, hypoglycemia, or some other external factor. The counselor needs to confront this type of behavior whenever it occurs, just as she or he needs to confront the tendency of the batterer to deny or minimize his problem with violence. The man must learn what is within his control, i.e. his responses to situations, and what is beyond his individual control, such as inflation, racism, his past, other people, etc. Refocusing his sense of control from external to internal can lead to increased self-esteem as the man makes positive changes.

Impulsivity

Many, but not all of the men who batter, are impulsive. They often act without thinking of the consequences of their

actions. They change jobs, move, change friends, sell property, etc., quickly and without much thought. This impulsivity may also be apparent in their attendance at and participation in treatment programs. Some will drop in and out of treatment programs in the same rapid fashion as they make other decisions with their lives.

Isolation

Like victims of battering, the offender often reports feeling a great deal of isolation. The victim's isolation is most often instituted by the offender, while the batterer's isolation is self-imposed. Men who batter take an active role in isolating their victims. A batterer often monitors the victim's relationships with others, controlling both who she sees and how she relates to others. He complains about "her weird friends," or the "interference of her parents," or the wasted time spent away from the home in her activities," etc. He may insist that what happens in the family stay in the family. These complaints escalate until the woman, in an effort to avoid further battering, complies. Step by step he cuts her off from her social support systems. In a similar way, he imposes isolation on himself. He distrusts others and avoids self-disclosure. He may offer aid to a friend but he will rarely seek help himself. He often reports that his friendships and contacts with others are superficial. Even those men who appear to have many friends through their jobs or clubs say they would not discuss any of their problems with those friends.

Dependency on and Excessive Possessiveness of the Victim

In the face of isolation, many batterers state that the only person they feel close to is the person they abuse. Often the offender's relationship with the victim is characterized by total dependency on the victim, which the man may identify as love. He expresses his dependency through extreme possessiveness. For example, he may constantly monitor where his mate is and who she sees. Sometimes the man's possessiveness takes the form of irrational jealousy, where he assumes that his spouse is having an affair with every man (and sometimes even every woman) she sees, from a colleague at work, to her doctor, to the friend next door. Because of his intense dependency on her, he is very fearful that he may, in some way, lose her attention. He becomes more and more demanding and he may even use the battering as an attempt to force her attention. The chance of violence against her or himself is more likely when he perceives that she is making a move to be independent from him. This move toward independence may be something as small as her choosing a household article without consulting him or as major as her moving to a shelter and filing for divorce.

Control and Domination

Men who batter are often characterized as having a great need to control situations, people, etc. They usually define this control as being "in charge" of external situations. Rarely do they define control in terms of self-control. When

experiencing feelings that they interpret as being out of control, attempts to regain a sense of well-being are usually moves to dominate others through aggression and violence. They do not identify that sometimes the source and often the solution to being out of control is internal rather than external. The treatment approaches described later accept the overwhelming need of the man who batters to be in control, but refocuses the object of that control from others to self.

Tendency to Express Most Emotions as Anger

As expected from their socialization as men, the primary emotion experienced and expressed by men who batter is that of anger. It is almost as if the batterer has two speeds - an attitude that "everything is fine" or anger. He often lumps together a wide range of emotions such as hurt, anxiety, excitement, sadness, guilt, helplessness, tenderness, and vulnerability, and identifies all of those emotions as anger. Since men who batter are accustomed to expressing their anger through aggression and violence, and since they confuse many other emotions with anger, it is easy to understand how emotional states other than anger also lead to assaults. Part of the task in therapy is the identification of the full range of emotions experienced by the man who batters and his learning constructive ways to express those emotions.

Depression and Suicide

Some of the men who batter experience a great deal of

depression and, at times, become suicidal. This depression may be directly related to the batterer's awareness of his violent behavior and his fear that his spouse may leave him, or it may be caused by experiences preceding the violent relationship with his spouse. Sometimes this depression has gone unnoticed by the man's friends or work associates, but usually is quite apparent to his family and when in treatment, to his counselor. Like his violence, it may appear at times when he perceives possible separation from the person he abuses. His veiled or unveiled threats of suicide may become part of his psychological battering. She talks about separation and he talks about killing himself or "no longer living."

In dealing with a client's depression or suicide threats, counselors should avoid certain traps. When talking with a battered woman, a counselor should not simply label the batterer's behavior as manipulative and falsely reassure her that he will not kill himself. Some men who batter do successfully commit suicide - what percentage do so is unknown. Whatever the percentage, victims are genuinely concerned about the suicide potential of their battering partners. Their concern should be respected. This does not mean that the woman should sacrifice her life or the lives of her children to stay and protect the offender from himself. The decision to remain or leave the battering mate is hers and is best made with a realistic consideration of all the available information.

When working with the batterer as a client, a counselor should evaluate and respond to the suicide potential as he or she would with any depressed client. However, it is particularly helpful to men who batter for the counselor to understand that suicide threats and even attempts are part of their battering behavior. Through these self-destructive acts, they are attempting to punish and control another.

I raise the issue of suicide in an educational way with all my battering clients. This sharing of information allows both counselor and client to anticipate possible points of severe depression and/or suicidal feelings, and then together to agree on intervention strategies. Reinterpretation of these feelings, identification of personal support systems, crisis lines, and contracts are typical techniques used in preventing suicide.

Relationship of Alcohol/Drug Abuse to Battering

While some men who batter also abuse drugs or alcohol, there are many other batterers who are social drinkers or abstainers. Generally, there seems to be no clear cause-and-effect relationship between substance abuse and battering.[8] The percentage of batterers who abuse drugs or alcohol seems to match the percentage of substance abusers in a given community. Rather than cause and effect, the high correlation between the two may suggest the presence of two widespread and overlapping problems. It is important to assess the specific relationship of alcohol and/or drug abuse to battering in

order to determine the appropriate course of treatment (see SECTION III).

Further study is needed on the relationship between the intake of alcohol or drugs and battering. A large number of assaults do occur when individuals - either users or abusers - take drugs and/or alcohol. It may be that alcohol or drugs reduce the individual's inhibitions against battering.

Good Qualities

It is important to keep in mind that men who batter also have some good qualities. Some may be good providers, good fathers, hard workers, generous in helping others, good sex partners, witty story tellers, or whatever. Too often, counselors make the mistake of focusing either only on the batterer's weaknesses or on his strengths rather than being attentive to both.

If a counselor sees the man who batters as a primarily worthless and evil person, then she/he may persecute the man who comes for counseling for being hopeless rather than assist him in changing. Likewise, a counselor who only looks at the batterer's weaknesses may also persecute the victim who seeks help, for her ambivalence about the relationship. Seeing the man who batters as worthless, the counselor would have difficulty empathizing with the victim's expressions of care and concern for her partner.

If the counselor focuses only on the batterer's strengths, she/he minimizes or totally ignores the violence.

The counselor may attempt to convince the victim to maintain a relationship with her partner. To be effective, therapists need to be aware of both the good qualities of the man who batters and his bad qualities, and they need to stay focused on the goal of treatment - to stop the battering.

SECTION II

COUNSELING: THE TREATMENT GOAL AND OBJECTIVES

The counseling approach discussed in this manual has one goal - to eliminate all battering behavior. The counseling is not necessarily meant to address other goals, such as saving or ending the relationship, "rescuing" the victim, or making the offender a better human being. While these may be admirable goals, they are not the focus of the model counseling program discussed in this manual.

The primary goal of the offender stopping his battering behavior was chosen for several reasons:

1. Battering is both physically and psychologically destructive to the individuals involved. Battering is a life-threatening problem from the moment it appears. A treatment program which focuses on ending that behavior is more likely to have an immediate impact than one which puts other goals first.
2. The responsibility to change the battering behavior rests with the batterer (see "Causes of Battering" in SECTION I).
3. Ending the violence is a necessary prerequisite to any other individual therapy goal. For example, many men who batter express a need to increase their self-esteem. These clients and some counselors mistakenly believe that violence will decrease as

self-esteem increases. Counseling that attends to the goal of self-esteem while ignoring the violence will fail. Effective therapy which explores self-worth issues usually increases the client's anxiety. If the man batters when anxious, then therapy focused exclusively on self-esteem can actually precipitate violence and consequently decrease self-esteem. Counseling focused primarily on ending the violence allows the man to learn first to stop his battering behavior. This change both adds to his self-esteem and, at the same time, it precludes his using violence when other anxiety-provoking issues are confronted in therapy.

4. Ending the violence is also a necessary prerequisite to any other goal in couples or family therapy. Most counseling for relationship issues, including differences in expectations, sexuality, parenting concerns, financial problems, etc., require communication. In fact, many schools of marital and family therapies are based on communication models. When battering occurs in a relationship, one or both partners or the children are often fearful of the violence returning. Because of this fear, communication when both partners are present becomes indirect and distorted. Family members in therapy sessions actively resist clarifying the communication because they fear that a direct discussion of

an issue will trigger violence. In my practice, a significant portion of the couples who had received traditional marital counseling reported that the sessions were often followed by battering episodes. Sometimes the violence was triggered by direct communication of an emotionally charged issue and sometimes by the indirectness and distortion of their messages to each other. Regardless of which comes first, poor communication and then battering or battering and then poor communication, the cycle is difficult to break using a process that requires communication, which the couples fear will result in violence. Couples counseling or family therapy with all members present in the sessions is not recommended until the battering has been eliminated. Once the man, woman, and counselor are confident that the violence has ended, then joint sessions can be used to develop basic communication skills necessary to resolving marital conflicts.

5. Battering is a crime. In cases of court-mandated counseling for this problem, the sole purpose for the referral is to utilize counseling expertise in ending criminal behavior. A program that accepts these court-referred clients must have, as its primary goal of treatment, changing the batterer's violent behavior and bringing an end to the battering.

OBJECTIVES

All objectives and strategies used in our counseling program are evaluated on the basis of whether or not they directly contribute to the primary goal of ending the battering. Since the objectives can be behaviorally defined, they are measureable. Thus, both client and counselor can evaluate progress. The objectives are listed in the typical order of their appearance in the therapy process. In therapy, the client strives to:

- increase his responsibility for his battering behavior
- develop alternatives to battering (time-outs, empathizing, problem solving, tension-reducing exercises, etc.)
- increase anger control
- decrease isolation and develop personal support systems
- decrease dependency on the relationship
- increase his understanding of the family and social facilitators of wife battering
- increase identification and expression of all feelings

There is some variability among individuals and among groups as to when any one of these objectives appears in therapy.

SECTION III

COUNSELING: THE ASSESSMENT PROCESS

The following pages describe the assessment process, which begins with the first contact between client and counselor and continues throughout treatment. As in any assessment process, the need to gather information has to be balanced with the need to engage clients and counselors in a therapeutic relationship. In reality, there is no clear separation of assessment and treatment. Counseling to stop the battering begins immediately in the sessions typically labeled assessment and assessment is part of the process labeled counseling. For the sake of clarity in this manual, the assessment process has been divided into three parts: PHASE I: GATHERING INITIAL INFORMATION FOR CRISIS INTERVENTION, PHASE II: GATHERING INFORMATION FOR TREATMENT and, PHASE III: ONGOING ASSESSMENT.

PHASE I: GATHERING INITIAL INFORMATION FOR CRISIS INTERVENTION

The first phase of the assessment process involves gathering and evaluating certain information to determine what, if any, immediate intervention should be taken. In this phase, the counselor asks and attempts to answer questions such as the following: Is there wife battering in the relationship? Is he interested in changing that behavior? How lethal is the battering? Who else is being abused in the family? The answers to those questions will effect the kinds of strate-

gies the counselor will use, both in crisis intervention as well as in the ongoing treatment. This first phase of the assessment process generally is accomplished in one session with the client, although some of the questions may reappear for reassessment in later sessions.

Routine Intake

Intake interviews typically include questions about the presenting complaint, its history, brief biographical data, mental status, and drug/alcohol usage. The intake counselor attempts to gather as much initial pertinent information as possible. An effective intake interview requires skills in knowing what questions to ask and how to ask them. Just as there are routine questions and procedures that have been developed regarding alcohol/drug usage, there needs to be routine inquiry about battering (and all types of family violence).

Unless counselors are working full time in a program specifically designed to address wife battering, there will be situations where they will not know if the client is a batterer or not. Men who batter may turn to hospitals, mental health centers, clergy, legal and social service agencies, or counselors with private practices, for help. They may be seeking assistance for one or more of a wide range of medical complaints (ulcers, high blood pressure, cardiac problems, diabetes, etc.) or for mental health concerns (nervousness, depressions, suicidal feelings,

alcoholism, marital problems, etc.). The client may not volunteer information about the battering, because either he wants to avoid the issue or he does not see a connection between his presenting complaint and the battering. There are no physical signs, personality characteristics, or sociological factors that can accurately identify a person as a batterer. Since battering is a widespread and hidden problem, it becomes the task of every individual who conducts intake interviews to routinely inquire about battering behavior in order to determine whether or not a person is battering or is being battered.

In asking questions about spouse abuse, the interviewer's manner is important in eliciting cooperation from the client. The tone of voice and general manner of the counselor should convey concern. Questions about any type of family violence should be asked matter-of-factly rather than with an accusing or fearful tone. If a client acknowledges such violence in his family relationships, it is helpful for the counselor to remain accepting of the client rather than show feelings of helplessness, horror, or anger. Sometimes, the simple willingness of the counselor to open the issue for discussion allows the client to give complete information.

In interviewing one couple who had been transferred to my caseload, I first asked the man some initial, routine questions about battering.[9] This led him to give a full description of his battering behavior for the previous five years. In a later session, he stated that he and his wife

had agreed just prior to that first interview not to bring up the topic of the violence. They had avoided the issue with another therapist for one and a half years of counseling and did not want to mention it to me. The man said that he was so surprised that I would ask such questions that he assumed that I must be able to read minds. He said he felt relieved to have the problem in the open at last.

Usually clients provide more information on the subject if the initial questions are general and then become more specific. For example, a counselor may ask a client how he shows anger (by arguing, fighting, disagreeing, etc.) in his family. Or the counselor may begin by asking the client how other family members express anger to him. These initial questions are followed by questions that encourage the client to describe rather than evaluate his fighting behavior.

For example, in answering how he shows anger, a client may reply that sometimes he goes to the garage and works on his car. In follow-up questions the counselor can ask "what do you do other times?" The counselor pursues this question until she/he has an overview of the various ways that the client expresses anger. If the individual has not indicated any aggressive behaviors, the counselor might say something like, "Sometimes when spouses argue, they fight physically. One may push, shove, strike, or kick the other. What do you do?" By asking a multiple choice question with all aggressive behaviors as possible responses, it is easier for those who are violent to respond affirmatively. Those who do

not use any physical agression will usually state that they do none of those things and go on to say how they do argue.

When clients give answers that indicate that they batter or are victims of battering, the counselor should ask for detailed descriptions of a recent incident and/or the worst incident. Inquiries about injuries and the impact of that violence on the relationship can also be made. However, initially the purpose of the questioning is to simply find out whether or not there is battering. If battering is present, other information will be needed to assess the lethality of the situation and to determine appropriate interventions.

Motivation to Change

Once it has been established that a client batters, then the counselor may need to assist the client in identifying that battering is a problem which he can change. Various approaches may be used to elicit client motivation to change those behaviors. Most often I will inquire about the client's feelings regarding his battering. Even if he denys the seriousness of the behavior, or totally blames the victim for it, most men who batter do not like to be violent towards those they love. Often they will talk about feeling remorse, being confused, or being out of control. By encouraging the man to identify his negative feelings about his battering behavior, counselors can assist him in developing internal motivations for change.

Often, in the first phases of treatment, the motivation to change will be more external than internal. The batterer

may fear dissolution of his marriage or relationship or he may fear the legal consequences of his violent actions. Sometimes counseling has already been mandated by the court as an alternative to jail. Whatever motivation is present at the time of the intake, it should be nurtured in order to encourage the client to enter a counseling program. It is also helpful to clarify for the client that he is capable of changing his behavior, that he is not out of control, and that he is not "crazy," while at the same time being clear that his battering behavior has to stop.

Child Abuse, Neglect, and Incest

Some men who batter also batter or sexually assault their children. There are no definitive studies to indicate the exact percentage of wife batterers who abuse their children; however, there is evidence to suggest that there is a significant number of such cases.[10] All states require that child abuse and molestation be reported by professionals to the appropriate child protective service. Counselors should know the reporting requirements mandated by state law and act in accordance with them.

Typically, when I suspect child abuse, I have the client self-report the abuse to authorities in my presence. Sometimes, if he is too anxious to talk on the phone, I offer to make the call for him while he is present. Either approach reinforces the concept that the counselor holds the abuser accountable for his own behavior, but will offer support throughout the treat-

ment. If child abuse or incestuous assault has occurred in addition to wife battering, then these issues are addressed along with those related to the battering, and treatment is coordinated with child protective agencies.

Lethality

Once a counselor has determined that there is battering in the relationship, she/he must assess the likelihood of severe injury or death. The offender may disable or kill the victim during a battering incident or he may kill himself. Sometimes he may accomplish both during the same episode. At other times, it is the victim who may disable or kill the offender in self defense or she may kill herself to escape his violence. Clearly, a battering relationship can be lethal.

In the first interview, as well as in all counseling sessions that follow, the counselor needs to assess the likelihood of severe injury or death by gathering and evaluating the following kinds of information:

- Does the offender currently have access to the victim? If they are not living together, how often does he contact her and under what circumstances? The potential for violence decreases if the offender and the victim are living apart and do not have face-to-face contact with each other. On the other hand, even though the batterer may say they are separated, he may be with his mate constantly or have her under surveillance, which increases the opportunity for violent episodes.

- What is the severity and the frequency of the violence, either his or hers? The more serious and frequent the violence, the more likely someone will be hurt or killed. In assessing lethality of the relationship, it is important that the counselor ask if the victim also uses physical force and how the batterer responds to such action. While it is not typical, some women fight physically and in certain relationships this can escalate the chances of serious injury or death.

  Also, is there a pattern or cycle to the man's battering, and if so, where is he in that cycle?[11] In cases where there is an identifiable cycle, the man may be more or less dangerous, depending on how recently he has battered. For example, a man batters his wife every three months over a four-year period. If he enters treatment one week after a battering episode, he is less likely to be violent than if he appears two and a half months after the most recent incident. Other batterers have no particular cycle and thus their patterns of violence are less predictable.
- What is the current emotional state of the offender? the victim? Is it depression? rage? agitation? If either batterer or victim is severely depressed, then the suicide potential needs to be assessed. If rage and agitation are present, striking out is more likely to occur. When the offender feels desperate and identifies no changes since his last battering episode,

then the risk of another episode is high. Sometimes the man who batters may appear calm and confident that there will be no further violence. Yet this mood can quickly change as he talks about his feelings in detail.

- Is suicide likely? his? hers? What is the history of suicide attempts? The suicide potential is high when either batterer or victim talks about suicide with a specific plan and have the resources to carry it out. If the batterer says that he is going to overdose on pills and he keeps prescription sedatives in the house, he is more likely to carry out the plan than the man who claims the same thing but has no ready access to pills.
- Does either the offender or the victim have access to weapons, such as guns or knives? A situation is more lethal when weapons are used or are easily attainable.
- Are there any factors that reduce the offender's or victim's behavioral controls, such as alcohol, drugs, or psychosis? If the batterer is psychotic or uses alcohol or drugs when battering, he is less likely to use self-control, and the severity and frequency of the violence can escalate. If the victim is psychotic or uses alcohol or drugs, she is less able to protect herself when she is battered and, consequently, is in more danger.

- Is the batterer willing to respond to advice or recommendations? When the offender expresses a willingness to try intervention strategies, such as separation or time outs to prevent violent outbreaks, and to use crisis lines or make a contract to deter suicidal feelings, then the situation is less dangerous than when he refuses or is vague about making a commitment to try such strategies to prevent further violence.

While it is difficult to always predict violence or the lethality of a situation, a consideration of the information listed above will indicate when one situation is more dangerous than another.

In counseling men who batter, the source of information for an assessment of lethality may be the man himself, the victim, shelter staff, significant others, or police/court reports. Whenever possible, information should be sought from multiple sources. It is helpful to remember that men who batter often minimize and deny their feelings. Careful interviewing is necessary to obtain an accurate assessment of the likelihood for serious injury or death. All interviews with sources other than the client should be conducted with his knowledge, but not in his presence. The purpose of seeking additional information should be explained to the client, and I will often ask him to identify those people he sees as being most knowledgeable about his battering.

In interviews with individuals other than the batterer, as in the initial intake, the counselor should seek descrip-

tive information about the battering episodes. The victim is usually the best source for that information (see "Needs of Victims" in this section). However, she is not always an accurate judge of lethality. Too often her means of surviving chronic abuse has involved her minimizing it. She may describe what happens during battering episodes, and at the same time deny to herself and others the dangerousness of the violence. Comments from significant others, as well as police and court records, can also provide details about the violence which may be overlooked by the man who batters.

Sometimes the assessment for lethality must be based solely on information from one family member, which can make an accurate assessment of the potential for the victim's injury or death difficult. For example, when talking with a man who batters, I attempt to measure whether or not his spouse may be suicidal. I ask questions about whether his partner is depressed and whether she has ever attempted suicide. While this is second-hand information, it has to be weighed along with other information gathered in the interview to assess the overall risk of severe injury or death in that family.

Crisis Intervention

Initial interviews vary according to the counselor's assessment of lethality. If the potential for injury or death of the victim is high, then the protection of the victim becomes imperative. Separating the couple and providing support for each greatly reduces the chances of homicide or suicide.

Separation can be accomplished if the victim leaves the home and goes to a shelter, a hospital, or a friend's or relative's home, or if the offender leaves the home and goes to a hospital, a jail, or to the home of a friend or relative. Sometimes restraining orders are effective when batterers respect such legal restrictions.

With the exception of cases involving jail or involuntary commitment to a hospital, the individual in question must cooperate with the separation plan. Emotional support can be given to both spouses through specialized services for violent families or through the usual networks for help and support including knowledgeable friends, clergy, counselors, medical personnel, police, and crisis lines. In certain cases, if separation is impossible, the risk factor can be significantly lowered by having a carefully chosen person move in with the family until the crisis passes. One Native American family used that approach effectively by having a nonviolent brother live with the offender until a more permanent solution to the problem was found.

Crisis intervention strategies should be based on the individual's socio-cultural context and on the availability of resources. Different strategies will work in different situations. The purpose of all these suggestions is to reduce the chances of severe injury or death. They are not long-term solutions to the problem of battering.

PHASE II: GATHERING INFORMATION FOR TREATMENT

The second phase of the assessment process goes beyond determining whether or not there is a crisis and what the intervention should be. This phase elicits information that will be utilized throughout the treatment process. It includes gathering information such as (1) the need for treatment of alcohol/drug abuse or psychosis, (2) the perspective and needs of the victim, (3) a complete history of violence, (4) an evaluation of intellectual and neurological functions, and (5) standardized testing. This information should be gathered as quickly and completely as possible. Aspects of the treatment process are intertwined with this phase of assessment.

Alcohol and Drug Abuse

As previously mentioned in the discussion on the assessment of lethality, the counselor needs to ask specific questions regarding the relationship between alcohol or drug usage and battering. If the man who batters also has an alcohol or drug abuse problem, additional treatment is recommended to address those problems. Since substance abuse lowers behavioral controls and interferes with cognitive functioning, and since both are crucial to the client's ability to stop his battering behavior, treatment for substance abuse should occur prior to or concurrently with counseling for battering.

Often, counselors or family members will attribute the battering to substance abuse or vice versa and will assume that treatment for one will be sufficient to stop both. This

has not been my clients' experiences. Some men with both problems stop their abuse of alcohol/drugs only to find that their violent and abusive behavior escalates.

In the assessment phase, it is helpful to ask both the offender and the victim to describe in detail the three most recent battering episodes, including comments on alcohol and drug usage. If substance abuse is present, the counselor needs to specifically ask if there have been any battering incidents when the batterer has not been drinking or using drugs. Only through the additional questioning can the counselor determine whether or not the man is battering solely when intoxicated. Sometimes this line of questioning reveals that even though the offender is an alcoholic, he batters both when drinking and when sober. It is important that both problems be addressed directly. If the treatment programs are separate ones, then they must be coordinated carefully in order for each to reinforce and complement the approach of the other.

Psychosis

As the introduction to this manual states, battering is not a mental illness. However, some people who are mentally ill may also batter. Consequently, case assessment should include a mental status examination.[12] It is important to evaluate the person for the possibility of psychosis. If psychosis is present, it will interfere with behavioral controls and cognitive functioning. If the person hallucinates,

it is difficult for him to participate in a counseling program that requires him to be cognizant of his daily reality. Once the hallucinations are brought under control, then he may benefit from counseling for his battering behavior.

Needs of Victims

Some questions asked during the assessment phase seek information from the victim. If convenient for the victim, the counselor should interview her directly. For a variety of reasons, the victim may be unwilling or unable to be interviewed. She should not be coerced into cooperating with the offender's treatment. The interview should always be done separately from the offender in order to obtain her complete perceptions. During the interview, the counselor should clarify that all the information she provides is confidential and that it will not be given to her partner without her prior consent. The counselor must understand that misuse of such information may put the victim in physical danger.

The main purpose of the victim assessment is threefold: (1) to gather information from her about the history of the violence, (2) to assess her needs and to suggest appropriate resources, and (3) to provide her with information about the counseling program for her partner. Since the offenders may minimize, deny, or sometimes report blackouts about the battering episodes, the victim is a source of valuable data for understanding the specifics of the batterer's violence pattern. The counselor should ask for the victim's descrip-

tions of the battering, her assessment of the lethality, her understanding of her partner's behavior, and other background information regarding the battering. To assess the victim's needs, the counselor should inquire about her needs for safety, shelter, legal or medical assistance, and counseling. At this time, she should be given information regarding the resources available to assist her in meeting those needs.[13] Often the victim will have questions about the counseling approaches used with the men who batter. This information can be provided at this time or in later sessions.

One caution - it is crucial to keep in mind that the purpose of the interview with the victim is to gather information about the offender's battering behavior and to assess her needs. The purpose is never to evaluate if she "deserves" to be beaten. Prior to the interview it must be clear to the offender, to the victim, and to the counselor that there is no justification for battering in a family.

Sometimes the victim appears more psychologically dysfunctional than the man who batters. She may be severely depressed, highly anxious, paranoid, alcoholic, disoriented, and even hysterical. When encountering such victims, some counselors have attributed the "cause" of the violence to these dysfunctions ("If I had to live with her, I'd hit her too!"). In doing that, the counselor ignores several factors: (1) the "dysfunctions" present in the interview may actually be functional coping mechanisms in a violent family, or (2)

the dysfunctions may have resulted from chronic battering, or (3) even if predating his battering behavior, they do not justify it.

History of Violence

Assessment of the batterer's violent experiences includes information regarding the patterns of violence in the following relationships: (1) the batterer's current relationship with his victim(s), (2) his past relationships, and (3) his relationships in family of origin (either biological, foster, or adoptive family). The questions the counselor asks should be systematically organized and seek descriptive answers in order that both the counselor and the client will have detailed images of what triggers his violence, how angry he is at those times, what he does, how he stops, and what he does afterwards.

To obtain information about the man's patterns of violence in his current relationship, the counselor asks the client to describe each of the three most recent episodes of battering and, if not already mentioned, the worst episode. This description of each incident is structured by asking specific questions about what was occurring prior to the battering, what physically occurred during the episode, and what happened afterwards (how it stopped, who else got involved, impact on the victim, impact on him, etc.). Sometimes I have the client demonstrate what he did or report it as if he were watching a replay on T.V. It is important to have the client behaviorally describe the events in order to reduce misperceptions

of what actually occurred. This assessment procedure becomes part of treatment. It confronts the client's tendency to minimize and deny and provides data which will be used later in counseling if the client later tries to minimize or deny the problem. At this time, it is also important to inquire about violence outside the relationship - other family members, friends, work associates, or strangers. Some men batter only their intimates and some batter others as well.

Regarding past relationships with intimates, questions should be directed to obtain similar, but less detailed information. For each previous intimate relationship, inquiries should be made about the following: what battering occurred; at what point it appeared in the relationship; and its frequency, severity, and impact on the relationship. Some biographical data on each of those relationships (How long were they together? children? marital status?) should be gathered. About 75 percent of the men that I have counseled have battered in at least one other significant relationship. Of the 25 percent who have not, most had not had significant relationships prior to the current relationship.

Understanding the batterer's history of violence also requires making inquiries about violence in the man's family of origin. Questions are asked to determine if there was any battering, and if so, who was doing it to whom, and in what form. As mentioned before, many of the men who batter were battered as children or witnessed abuse, and yet they do not make a connection between that experience and their battering

behavior. The assessment process and later discussion of the information gathered assists the man in making that connection. These early experiences do not justify his current violence and behavior, but they clarify two points which are crucial in treatment: (1) he learned his abusive behavior and (2) it is within his power to make the changes necessary to relate intimately without violence.

Intellectual and Neurological Assessment

The assessment process includes an evaluation of intellectual and neurological functioning for three reasons. First, the counseling process is based on a learning model and consequently it is important to know the strengths and weaknesses of the client's intellectual abilities. In this way, the counseling can be individualized to maximize the client's strengths in learning. For example, if the evaluation indicates that the individual has severe limitations in reading skills, then written materials should be carefully selected or avoided and other strategies for learning should be emphasized.

Second, learning disabilities or brain damage may be contributing significantly to the individual's stress. While stress is not causing the violence, an awareness of the cause of the stress often allows the client to reduce his stress and, in turn, to have more control over his violent behavior.

Third, since there are rare cases of violence being symptomatic of neurological disease, this possibility should

be evaluated to determine the most effective intervention for that individual.

One caution in doing the neurological assessment - limited or no memory is common among those who batter and it is not a good index for brain damage. Assessment for brain damage is based on an evaluation of a complex set of symptoms, with lack of memory for an event being only one of them. Other symptoms to consider are unconsciousness, seizures, physical symptoms preceding rage (nausea, smells, etc.) and history of trauma to the head.[14] If the evidence suggests brain damage, then the client should be referred for a more complete neurological exam using standard testing (Halstead-Reitan Battery) and medical tests.

Standardized Tests

Sometimes, for clinical and/or research purposes, additional assessment may be done with standardized tests. The program at American Lake V. A. Medical Center routinely uses the Minnesota Multiphastic Personality Inventory (MMPI) and the Shipley Institute of Living Scale. The first is a personality measure and the second is a short evaluation of intellectual functioning. The MMPI has been helpful in evaluating possible psychosis and other personality factors. The use of standardized measures will vary from program to program. As with any assessment, the decision to use standardized tests should be made with a careful consideration of the counseling program's goals, the purpose of the testing, and

the availability of resources to carry out and make use of such testing. Too often test information is gathered but never used. Since testing takes time for both clients and staff, the decision to include it in the assessment phase should be intentional. If tests are given, the results should be explained to the client.

FORMAT FOR ASSESSMENT: PHASES I AND II

During the first two assessment phases, a great deal of information is gathered which is used throughout treatment. To facilitate the information-gathering process, I use a structured interview to systematically collect and record the information. I personally spend two to three hours with assessment interviewing. The standardized testing is administered (two to three hours) and interpreted by our staff. When groups are used for the treatment, the first two phases of assessment are carried out in indvidual sessions prior to the individual starting group treatment sessions.

PHASE III: ONGOING ASSESSMENT THROUGHOUT TREATMENT

Throughout treatment, both clients and counselors continue to review the counseling process and the changes that occur. Because of the continuing risk of violence to others or self, the lethality factor must be evaluated in every session. Furthermore, both counselors and clients need to monitor attitudes, emotions, and behaviors for improvement. Having the goal and objectives of counseling clearly understood by all provides the measures for this continuing assessment.

To evaluate "success," I want to know how the man responds to those stressors which in the past typically triggered his battering. Does he use constructive approaches to manage his emotional response? Does he express his thoughts and feelings constructively? Does he stop his battering?

Such an evaluation is based on information from several sources. First, his self report of incidents outside of treatment are reviewed. He should be able to describe in detail what he is doing in such situations. If he is vague, it is highly likely that he is minimizing or denying his feelings and behavior. Second, his activities in the treatment group provide information on how he expresses his anger and other emotions in relationships. Third, the evaluation needs to include information about him from others (the victim, probation officer, etc.). All this information is pooled together to monitor his changes in behavior. Progress may be observed in alterations in attitudes and emotions, but ultimately it is measured by his benavioral changes that eliminate all forms of battering behavior.

SECTION IV

TREATMENT FOR MEN WHO BATTER

There is a great deal of variability in counseling programs for men who batter. The variability manifests itself in techniques being used by counselors, and it stems from differences in philosophies, in clients being served, in the skills of the therapists, and in the resources available to the programs. At this time, there is no one model for success. However, while there is a lot of diversity in the strategies that are currently used to counsel men who batter, there are some important similarities among effective programs. These similarities are discussed in this section.

The following discussion of counseling begins with a review of these important features: a clear treatment goal, client accountability, use of confrontation techniques, a psycho-educational program orientation, a structured format, a directive role for the counselor, and use of a group format. This review is illustrated with examples from my clinical practice, but these crucial features certainly are not unique to the program at the American Lake V.A. Medical Center.

A CLEAR AND CONSISTENT GOAL

Each counseling program for men who batter needs to have the clear and consistent goal of ending the battering (see Section II). The problems and needs of those who batter are often overwhelming, and there are often rapid changes in the

emotional states of these men. In the early stages of counseling, each session can be marked by a major crisis from the client's daily life. The stated goal gives the counselor and client a framework for understanding these crises, for developing specific strategies for change, and for measuring progress. Without a clear goal, which focuses on the violence, both the client and counselor become immersed in the chaos of multiple therapeutic issues, and the battering continues.

CLIENT ACCOUNTABILITY

Inherent in effective counseling of these clients is the client's accountability for his behavior throughout treatment. Because the man who batters tends to externalize his feelings, he will hold others responsible for all his happiness as well as for all his failures. Change occurs only as he learns that he has the responsibility and the power to control his behavior. At first he is held accountable by others, including counselors, courts, other family members, members of his counseling group, etc.

In treatment, he is held responsible for his violent behavior, for what he does in the counseling sessions, and for what he does between sessions. There are various techniques for impressing that sense of responsibility on him. In my own work with clients, homework is regularly assigned. It is always reviewed in the next session and there are negative consequences for incomplete work.

Also, while I strongly support the batterer's participa-

tion in therapy, I will not interfere with his receiving the full legal consequences of his violent behavior. For example, if a man abuses his spouse while in a court-mandated counseling program, I recommend that the court rule on the basis of his abusive or violent behavior at home or in his community, and not on the basis of his participation in therapy. Once he has started a court-mandated counseling program, it is counter-productive to let him use counseling as a way to avoid the legal consequences of his actions. He can avoid legal consequences by changing his behavior.

Eventually the client's sense of responsibility for self needs to become internalized. The client develops a more internally based system of accountability as he experiences others holding him accountable and as he experiences success and the positive results of making changes in his behavior. On occasion, my counseling philosophy of holding the man totally responsible for the battering has been challenged by other therapists. Some attribute at least partial, if not all, responsibility for the violence to the victim or to a special set of circumstances. One difficulty I have with that position is that it implies that change will come only when the victim changes or the system is "fixed" and it fails to recognize that, in all cases, it is necessary for the batterer to alter his behavior (see "Causes of Battering" in Section I). On the other hand, viewing the man as responsible for his behavior conveys that he has the ability and tools

within him for successful change. Therapeutically, that is a powerful message to communicate to him and it is one of the most effective antidotes to his feelings of being out of control.

USE OF CONFRONTATION

One feature which seems characteristic of all effective counseling programs for men who batter is the use of confrontation techniques. Due to the batterer's tendency to minimize or deny his violent behavior, it is crucial to confront him with the reality of what he is doing and how it impacts his life and the lives of others. It is difficult for the batterer to change when he does not recognize the need for or the possibility of change. At one point or another during counseling, the batterer will need to be confronted about the battering itself, his minimizations or denial of it, his impulsivity, and other self-destructive characteristics. This confrontation is more successful when it is done matter of factly and with specific examples.

Counselors should strive to avoid verbal attacks on or persecution of the batterer, done under a guise of confrontation. The man's defenses do not need to be "torn away." Usually the batterer already has a history overloaded with emotional abuse. What he needs is experiences of constructive confrontation. Such direct confrontation needs to be combined with support for his struggles to change and with recognition of his already existing strengths.

Confrontation is best accomplished in counseling groups. In these groups, the men are challenged by their peers. They often respond more positively to comments from peers than they do to comments from a counselor. Also, in groups, the men have an opportunity to learn and demonstrate their own styles in confronting others appropriately. This increases self-esteem. In order to be more internally directed, they need to develop skills in realistically assessing themselves and others. Their experiences in giving constructive criticism and receiving feedback in the group will assist them in developing those self-assessment skills.

PSYCHO-EDUCATIONAL APPROACHES

Another element common to effective counseling programs is a psycho-educational program orientation. With this orientation, battering is viewed as learned behavior, and consequently, educational approaches are used to bring about necessary changes in behavior. Sessions, whether group or individual, are teaching/learning sessions, which utilize educational strategies in a therapeutic setting. (These programs are less likely to use the traditional insight-oriented approaches of reflection, interpretation, etc.) During treatment sessions, information is provided, concepts are discussed, and new skills are taught and practiced by clients. The language of some programs reflects the emphasis on teaching/learning new skills, with sessions being called "classes" and the men being given "homework" assignments.

Various teaching aids (blackboards, movies, slide shows, role plays, etc.) are also often employed.

STRUCTURED FORMAT AND DIRECTIVE COUNSELOR ROLE

As expected in a psycho-educational program, therapy sessions are structured and the counselor takes a directive role. Men who batter gain more from a counselor-structured session than from a client-centered session. Batterers are often anxious about relating to others; usually they are not self-reflective, self-disclosing, or self-motivated. They tend to flounder and eventually drop out of nondirective therapies.

The counselor needs to be an active teacher, both in providing information as well as in being a role model, demonstrating the skills necessary to be nonviolent. The counselor needs to set limits and, when using a group format, to facilitate interactions among group members. As therapy progresses, the counselor can take a less directive role. Eventually, the clients will take more responsibility for the structure of the sessions.

USE OF GROUPS

More and more programs for men who batter are using group formats for counseling. In addition to being cost effective in terms of staff utilization, group counseling is often the treatment of choice for these clients. Based on my six years of using both group and individual modalities with

these men, I have found that men who batter progress faster in groups than in individual therapy.

The group provides a place where a batterer can decrease his isolation and his dependency on the victim. In the group, he learns to make connections with his peers and to develop the interpersonal skills necessary to meeting his own needs constructively. He has instant peer role models for change, as well as the opportunity to be a positive role model for others. Groups are more successful in confronting denial, as well as in giving support, once changes in behavior begin.

One client illustrates the power of group counseling. Due to schedule conflicts, I had been seeing him individually for several months. While he had made progress and had not battered, he continued to have a great deal of difficulty managing his anger and coping with stress. At the core of his problems was his inability to disclose any personal information about himself to anyone other than a therapist. With his wife of many years, he also refused to discuss anything he defined as personal. Since he labeled all his thoughts and feelings about himself and others as personal, his conversations were limited to comments on sports and cars. In two months of individual sessions and role playing, he would not even tell a friend about his reaction to a movie or his feelings about his wife's illness. Against his vehement protests, he was assigned to a group. Within one week, he had disclosed as much about himself in the group as he had in

all of the prior individual sessions. Within two weeks, he had successfully discussed personal issues with his spouse and with two friends. The group gave him the opportunity to express thoughts that he feared to express to individuals and with that success and the support of his peers, he was able to transfer that change in behavior to other appropriate situations in his life.

There should be two leaders for each therapy group of eight to ten men. Because of the multiple issues presented and the need to maintain structure by taking an active role, it is often very difficult for one person to facilitate a therapy group for men who batter. Prior to the first session, decisions should be made about the selection of clients, the group norms, structure of the sessions, goals, and objectives. At least one of the leaders should have group counseling skills and both should be able to communicate clearly with each other and the clients. I believe that it is important that leaders be aware of counseling issues that are linked with gender differences. However, it is more important that counselors be knowledgeable about battering than that they be men or women.

SECTION V

ONE MODEL COUNSELING PROGRAM FOR MEN WHO BATTER

In order to illustrate how the concepts presented in the preceding section are applied, I will describe the Domestic Assault Program at American Lake V. A. Medical Center. The counseling approaches and formats used there have undergone many changes in the past seven years. Originally I and other staff viewed battering as being symptomatic of the individual's underlying pathology. I thought that therapy, which concentrated on impacting the personality structure of the individual, would be successful in stopping the battering. After two and a half years of doing one-to-one individual therapy, Dr. Lance Harris and I designed and co-directed a pilot project for men who batter. This counseling project involved a four-week residential treatment program. While the program operated only a few months and involved only a few men, it was one of the first attempts to use social learning theory approaches with men who batter.

The program focused on stopping the battering and developing constructive alternatives to stress rather than on the personality structures of the men involved. The violence was seen as a behavioral problem manifested in a wide range of personality types. The residential program used groups as the main therapeutic modality. The residential pilot project ended and the Domestic Assault Program was transferred to the

nonresidential setting of the Mental Hygiene Clinic in the V. A. Center. While the basic philosophy of that early residential program was retained, the group format was temporarily dropped.[15] For a time, counseling was carried out via individual sessions for the men. Now the program involves a combination of individual sessions for assessment and group sessions for orientation and treatment. Clients live in their own communities and attend the weekly counseling sessions at the clinic.

ASSESSMENT

During the assessment phase, the men are given a brief overview of the program. They are reassured that they can change their battering behavior if they become actively involved in the program. They are told that they can expect to be in counseling for a year and that while this program requires a lot of work from them, they will notice some changes after the first few sessions. They are cautioned that they may want to drop out after a couple of weeks when they notice some changes; but if they do, they will return to battering. The lethal nature of battering is stressed; and regardless of what they may be, all internal motivations for seeking treatment are nurtured.

THERAPEUTIC INTERVENTIONS DURING ASSESSMENT

As noted earlier, the sessions used for assessment are also part of the therapeutic process. During these interviews,

the counselor attempts to develop a therapeutic relationship with the client by identifying his feelings and giving support to his desire to change his behavior. At the same time, the counselor points out the client's responsibility for his battering behavior in order to decrease his sense of being "out of control." In this phase, the client frequently perceives himself as having lost control. He may talk about "losing his temper," "going over the edge," etc. In doing this, he may be either attempting to justify his actions or he may genuinely perceive himself as being out of control. Often, he is frightened of those feelings.

In order to counter the client's fear that he is out of control, it may be helpful for the counselor to outline, specifically, the ways that the client exhibited control during a violent episode. For example, one man who said he got so mad that he lost control, later commented that he hit his wife only with an open hand. When asked why, he exclaimed that he was taught never to "slug a woman." Even when he was "so mad," he obeyed some internal norms about hitting women. Pointing this out confronted his misperception that he had totally lost control of himself. Once the batterer acknowledges that he has some control over his behaviors during the violent incidents, then he has begun the process of taking full responsibility for what he does during the episodes.

TIME-OUT PROCEDURE

In the first counseling session, the batterer is taught

an alternative to physical violence, the "time-out" procedure. During the program he will learn others, but the time-out procedure is the one which is the simplest for him to apply in any situation. The man is told that his main task from session to session is to stay battering-free. He is instructed to leave any situation where he experiences his anger building and where he may be in danger of battering. He is instructed to leave immediately. Sometimes the client is aware that he is getting angry, but continues to argue rather than leave. He says that he cannot "run from his problems." This man is told that his sole job at that point is to avoid hitting anyone. He is told to get physically away from the potential victim by going into the next room, leaving the house, or whatever. He is to engage in a physical activity which will reduce his physical arousal, such as a brisk walk or running.[16] He is to avoid all drugs and alcohol, since they may decrease his controls. Also, he is to avoid driving any vehicles. Many accidents occur where drivers are in a rage.

The man is instructed to use the time-outs to mentally calm himself. This means that he should not mentally review each nuance of the argument since he is likely to become more enraged. Sometimes he will have to be given instructions on how to focus his cognitive activities during the time-out. For example, one man, who jogged around a lake whenever he got angry, found himself tired but furious at the end of the

run. It turned out that during the run he would fantasize about the many ways he would kill his victim. Instead of those cognitions, he was told to focus his attention on his breathing, how his muscles felt, the feeling of the rain on his face, etc. These instructions gave him a way to temporarily block anger-producing images, and he discovered that his runs made him more relaxed. The time-out instructions also state that if the man returns home to find his anger rising, then he is to repeat the time-out procedure. If he does this several times he eventually becomes too tired to batter.

In teaching the time-out procedure, it is important to acknowledge that this does not resolve interpersonal conflicts. Techniques for doing that come later in the counseling process. The first task is to end the battering.

Whenever possible, the victim needs to be told exactly what the time-out procedure is and its purpose. Sometimes I tell the woman about time-outs and explain how they fit into the whole counseling program. Sometimes the man tells her and encourages her to telephone me if she has further questions. It is important for the man to avoid blaming his spouse for sabotaging his time-out procedures. If he is committed to doing it, he can find ways to accomplish this constructively. It is his responsibility both to identify his own anger and to take immediate action. Sometimes the man wants his spouse to signal him when a time-out is necessary or for her to identify his anger and then withdraw. He, and not his wife,[17]

must take the responsibility for time-outs or he will later blame her for his violence by saying she did not signal him in time or leave soon enough.

ORIENTATION GROUP

Counseling for men who batter utilizes many psycho-educational approaches, and a significant part of the therapy involves giving information. The counseling groups at American Lake V. A. Medical Center are open ended, and new individuals join the ongoing groups from time to time. In order to minimize the gaps in information shared between members new to the group and those in the group several weeks, a separate orientation phase is held for newcomers.

Any time there are two or more men who have completed the assessment phase, two orientation "classes" (two hours each) are conducted for these men prior to their entering the treatment group. As in all sessions, lethality is assessed (see SECTION III), and there is a check to see if any battering has occurred since the last session. The therapeutic objectives of these two classes are; (1) to reinforce the client's responsibility for his behavior and his use of time-outs, (2) to reinforce his participation in counseling, (3) to facilitate his connections to other group members, (4) to encourage self-disclosure, and (5) to introduce concepts used in treatment.

In Session A of the orientation phase, there are group presentations and discussions on the following: the defini-

tions of battering, its causes and consequences, the difference between anger and battering, and some information on anger management. As battering and its four forms are described, each man is asked to give examples of how he has battered. This self-disclosure and sharing of information provides group members with personal details about each other which stresses their commonalities and begins a sense of connectedness. Also, this kind of structured activity reduces the batterer's tendency to deny and minimize. Later, if a member again tries to minimize his violence, group members have some data to use to confront him.

Group cohesion is further enhanced by a group discussion of the causes of violence and individuals' reflections of where they learned their own battering behavior. Some men react to these discussions of battering with a great deal of guilt and others may actually enjoy talking about the battering. At this stage of treatment, it is helpful for the group leaders to note which men have which response and direct the discussion forward so that neither emotional response dominates the group discussion.

Next, the leader introduces into discussion groups the topic of consequences of violent behavior, and usually by this point the men can list in detail various consequences of their battering. One technique the leader can use is to list on a blackboard or newsprint, for future reference, the consequences of battering to the offender, to the victim, and

to the batterer's relationship with the victim. Then the group is asked to describe the difference between anger (emotion) and battering (behavior). For many of the men, there is a lot of confusion about the two and many batterers cannot distinguish between them. Certain questions can lead the group toward understanding the difference between anger and battering, such as "can you be angry and not batter?"

The discussion of anger vs. battering will go in several different directions depending on the group. It is important to establish that the two are distinct and that counseling will address each. They will learn alternatives to battering and learn ways to manage the intensity of their anger since they are less likely to batter when the level of anger is low. Since Session A is orientation, it is helpful to focus the discussion of anger on these points even though more information will be introduced later in treatment sessions. If the men have not already mentioned it in a discussion, I note that usually battering is their attempt to gain control over their feelings by taking control of a person or situation. Then I refer them back to their list of the negative consequences of battering and point out that, in the long run, they usually end up being more out of control. This leads to introducing the concept that our counseling program will assist them in being more in control of themselves without having to batter another.

Having a supportive tone in these initial sessions is

very important. Often the men are highly anxious. With leaders structuring these group sessions so that each member participates, their anxiety will decrease enough for them to become involved in discussions. Session A may be closed with a thirty-minute relaxation exercise. I use a tape recording of a Jacobsonian progressive relaxation exercise. At this stage of treatment, the men attain more relaxation from exercises that focus on the muscle groups than from those using fantasy. As they become more skilled in relaxing themselves, they may also benefit from relaxation exercises which use guided fantasies.

Session B starts with a routine check to see if any battering occurred since the prior session. Then the group, with minimal assistance from leaders, is expected to recall the information presented in the last session. Those who do not remember are expected to take notes in future sessions. This conveys to group participants that they are responsible for all material covered in groups.

Session B then goes on with a presentation and discussion on the characteristics of men who batter. I review that list one by one and have each man illustrate each characteristic by an example from his own life. This increases self-disclosure among group members and it allows the leaders to clarify any misunderstandings about a particular concept. The men are given as much information about the dynamics of battering and are encouraged to apply concepts to themselves as early as

possible in counseling. This increases self understanding and establishes a common language for group discussions. For example, a presentation and group discussion about the tendency of batterers to minimize and deny the violence gives group participants a framework for monitoring that tendency in themselves.

Since anger management is the main focus of the beginning stages of the counseling program, a significant portion of Session B is devoted to that topic. By this time, group members understand the need to control their anger. There is a tendency at first for them to think that counseling will eliminate their anger entirely. The leaders clearly state that anger is natural and normal and their main problem is to learn what to do about it. While it is true that their anger masks other feelings and sometimes stems from irrational beliefs, these issues are not introduced until much later in therapy. Counselors often move too quickly to confronting the batterer's anger and to pressing him to change it. Such a premature move can result in the client dropping out of counseling. At this stage, the focus of the counseling group should be on how the participants show anger and how they can keep the level low enough to prevent battering. Usually, by this time, the men have realized that their anger level has something to do with what they think or say to themselves about situations, and is not only coming from the external stimuli.

One of the major vehicles used in the treatment groups is the anger log. In Session B the basic aspects of the anger log are outlined and the first assignment is given. The remainder of the session is spent reviewing the expectations and structure of the ongoing therapy group (see Appendix C). If there is sufficient time, another structured relaxation exercise is offered.

ANGER LOG

The anger log is a structured written homework exercise that is used throughout the treatment process at American Lake V. A. Medical Center. While there is nothing magical in this particular technique to guarantee an end to battering, it does provide a systematic vehicle for addressing many issues which are common to batterers. The log grew out of my readings on cognitive restructuring and my experiences in doing assertive skills training. I will describe the log and how it is used, but I encourage readers to develop their own tools. I readily acknowledge that, in addition to this log, I use other techniques which this manual will not describe and the men's success stems from the combination of several techniques and their own motivation. However, this technique provides a starting point.

When first assigned, the anger log seeks information, listed in four columns, about the men's experiences with anger. Each week in treatment they are asked to record three incidents of anger. For each episode, they are asked

to record in the first column of their log the "trigger" of their anger. A trigger is defined as the event in their external environment that first initiated their response of anger. It may be something someone did or said. Since many of the men externalize their feelings and often attribute their anger to some external cause, they usually are able to identify triggers without difficulty.

It is important that the triggers be specific descriptions of an event rather than an evaluation of it. For example, one man wrote that the trigger to one violent episode was "kids bothering me." With some direction from the counselor, he pinpointed the trigger as "kids yelling and throwing toys at the dog." While it is true that it was his cognition of that event as being a bother to him which resulted in anger, at this point he is asked to specify the trigger just in terms of the external event. This distinction becomes crucial later to help him distinguish between his interpretations of events and his anger response. In the next column, the anger level in response to each violent event is rated on a scale of 1 to 10 with 1 being "a little bit irritated" and 10 being "a rage". This is totally a subjective report.

In the third column, the client is to record the "self talk" he does at the time, which escalates his anger. Self talk is what he is thinking or even yelling in response to the event. For the preceding example, he might record "those

damn kids! They never give a damn about me. They know I'm sleeping. They never listen to me..." At first, a man may deny that he says or even thinks about anything, but with some examples from the leader or another group member, he often becomes more aware of his cognitions about what triggers his violent reaction. Counselors should underscore the ways that self talk escalates anger and the power that self talk can have either exacerbating or diminishing anger.

In the fourth column, clients are asked to record statements they can say to themselves that will bring their anger down. In generating the self talk for the fourth column, three rules should be followed:

1. The statements must begin with an "I" statement about an <u>emotional</u> response to the event. Examples of emotions might be hurt, anger, disappointment, anxiety, fear, joy, etc. For example, a man might record "I'm furious!"
2. Statements after the feeling statement should be ones that reduce the client's anger and ones which are consistent with the facts of the event. Consequently, he could not generate a statement that implies that the children were not yelling or throwing toys when they were.
3. The anger-reducing statements must also be consistent with internal perceptions of the events. The client could not write that yelling does not bother him when it does.

The client may generate general statements to de-escalate his anger, such as "I am angry, but I am not going to blow my top." Or he may generate statements that are more specific to the event, such as "I am angry, but I'll take five minutes to cool down and then I will tell the kids no TV tonight and tell them to go to their rooms." For the preceding example, the log would be structured as follows:

TRIGGER	LEVEL	ANGER UP SELF TALK	ANGER DOWN SELF TALK
kids yelling	6	"Those damn kids! They think I'm a pushover."	"I'm angry at the yelling, but I do not have to blow my top this time..."

Typically, it takes some practice over a few weeks for new clients to be able to record accurately, using all four columns. They get content of columns reversed or become confused about the distinctions between the columns. Eventually, the new clients learn from the leaders and from men who have participated in the counseling program for a longer time period.

Working on the log and reviewing the logs in group provide group members with information on how to understand what triggers their anger. Information in each column in the anger log can be the source of various learning experiences. From column one, a batterer learns what kinds of events triggered his violent reactions. After several weeks of recording, various patterns emerge. The batterer cannot help but notice

that the patterns may differ for other group members. This can lead to discussions about problem-solving activities or about the possible irrational expectations the client has of himself or others.

Reviewing column two of the anger log in groups can reveal who is having difficulty identifying low levels of anger, which in turn build to explosions, and who is responding to most events with rages. Sometimes men in the group have difficulty rating their anger levels, which can lead to a discussion of how these men can identify the physical, emotional, verbal, and mental signs that indicate that they are getting angry.

Column three of the anger log provides a diagram of cognitions about the events listed in column one. After several weeks of recording, various themes will appear in these cognitions. Common themes which arise are feelings of inadequacy and persecution and feelings of being out of control. These then can be discussed in group.

Column four illustrates to group members that they can impact their own emotions as well as behaviors which results in increased self-esteem. The three rules for generating self talk in column four lay a foundation for developing assertive communication skills.

As members of the group become comfortable and are more effectively able to use these four columns of the anger log, other columns can be added depending on the needs and issues

of the clients. For example, after a few weeks, a man who reviews his log may spontaneously report, "Well, I wasn't really angry, I was..." At this point he has started to identify other feelings which may have been masked earlier by his anger. A fifth column labeled "other feelings" can be added to his log.

ONGOING TREATMENT GROUP

The ongoing treatment group is composed of two leaders and six to eight men. It begins with an introduction of group members and a welcome to any new members. A check for battering is done for each group member. Then an agenda of that session is listed. Each member, using issues from the anger log, identifies both the topic he wants to discuss and the amount of group time he wants allotted to it. If the counselors have a topic to present to the group, that topic is also listed on the agenda. The agenda is used to guide the discussion of the group. Frequently, there are overlapping issues for the men, so the agenda does not have to be rigidly followed. Most of our groups are composed of men who have been participants in the treatment program for varying lengths of time. Thus, group members are at different points in the program. Leaders need to track those differences in order that issues relevant to a particular individual are raised. Obviously, the group needs to be facilitated in such a way that group members are a positive resource to each other.

SECTION VI

THERAPEUTIC ISSUES AND OTHER CONSIDERATIONS

This section looks at some of the therapeutic issues which appear when counseling men who batter, as well as some of the problems staffs face in preventing staff burnout and in coordinating community agencies to respond to family violence.

THERAPEUTIC ISSUES

Some of therapeutic issues that counselors must consider are questions of strategy: Is court-mandated counseling for batterers effective? In working with battering clients, is ventilation of anger therapeutic? How does the counselor deal with a recurrence of battering behavior during treatment? When is the client ready to be terminated from the program and what kind of follow-up contact is needed? Other issues spring from the cultural, ethnic, and religious variables which clients bring to a counseling program.

Court-Mandated Counseling

Court-mandated counseling is therapeutic for battering men who minimize or externalize their feelings and act impulsively. In order to cut through the man's denial of his battering behavior and to counteract his impulsive tendencies, he may initially require a consistent and external motivator, both for him to start and then to stay in a counseling program.

Typically, in the past, the victim has been expected to fulfill that role by consistently refusing contact until the batterer gets counseling, etc. Social service staff often advise the victim to stay separated, to divorce her husband, etc., as a tactic to motivate the batterer to get treatment.[18] While the batterer, indeed, may need a consistent and external motivator, it is unrealistic to expect a person who is in crisis, as the victim is, to be that primary motivator. A primary characteristic of a person in crisis, such as the victim, is inconsistency.

It is more effective for the community via its courts to assume that motivating role, which is needed intially by many men who batter. In order to remain battering-free, these men must eventually accept responsibility for their battering, be more internally directed, and be less impulsive. Court-mandated counseling simply provides these men with the opportunity to begin to change their violent behavior -- an opportunity which some would not otherwise take.

Ventilation

Ventilation is a counseling technique widely used in many therapeutic approaches. The client is encouraged to express fully the emotions he is experiencing. Depending on the orientation of the counselor, ventilation may be facilitated through the client's talking or through his active use of his body to convey his emotions (beating pillows, fighting

with batacas (foam bats), hitting punching bags, etc.) Based on the catharsis theory, the purpose of ventilation is for the client to release and therefore eliminate pent-up emotions in a controlled environment. In theory, this frees the client to take positive action.

However, in working with men who batter, there is a question as to whether ventilation of anger can be considered therapeutic. The research of Bandura (see Appendix A) suggests that certain ventilation techniques, such as striking objects, increase aggression rather than decrease it. Clinical experience with these clients also challenges the efficacy of ventilation of anger as a therapeutic tool. It is important to keep in mind that, in general, these men do not have trouble expressing or ventilating their anger. Rather, the problem is in the way they express anger, i.e. violence. It is destructive to both the batterer and the victim. Sometimes counselors have encouraged the men to "get all the anger out," mistakenly believing that once depleted it would not return. Since the men are well practiced at expressing their anger, therapy should involve techniques and issues other than ventilation.

Recurrence of Battering During Treatment

Sometimes, while in a treatment program, a man will batter again. This reappearance of the battering behavior is a major issue, which must be addressed by the counselors, other group members, and the man himself. Since a basic tenet of working

with batterers who enter the counseling program is accountability, it is important for the counselors to anticipate the possibility of a recurring violent episode and to develop response strategies which reinforce the client's feelings of responsibility for his behavior.

The men in treatment are more likely to abuse their spouses by psychological battering than by physical or sexual battering. In our program at the American Lake V. A. Medical Center, only a very small percentage of men have physically or sexually battered after the first session and while still in treatment. Another equally small sample battered by destroying property (one episode for each man.) However, the majority of the men who had contact with their victims did continue battering psychologically. The frequency and severity of the psychological battering decreased as the men progressed in counseling. These experiences suggest that it is easier to eliminate the physical battering than the psychological.

Our experiences at the V. A. Medical Center have resulted in certain expectations about the batterer's ability to change his behavior. From the first interview on, the client is expected to remain free of any physical and sexual battering. Our response strategy to each of the men who did abuse again varied according to our knowledge of the individual and his circumstances. Variables that we consider are the violence in the past and whether or not the client voluntarily

participates in the program or is mandated to the program by court.

For instance, one man who was court-ordered to treatment was returned to be jailed by the court. Another was told to arrange a temporary separation from his wife until the counselor determined that he was controlling his behavior. Another was terminated from therapy until he demonstrated that he had not battered for two months. The first man is still in prison at the writing of this manual. The other two complied with the stipulations and re-entered treatment without further episodes of physical battering.

All clients who destroyed property or pets while in treatment were confronted verbally and no further incidents occurred. Recurrences of psychological battering were confronted verbally. As noted earlier, clients have been slower in stopping the psychological battering. Even though the strategies for responding to relapses varied, the message was the same for all -- stop the battering.

Termination and Follow-Up Counseling

Progress in counseling is measured by the behaviorial changes of the client. More specifically, it is measured by the man's ability and willingness to use constructive alternatives to battering when he responds to stress. When the man, the victim (if the couple is still in an intimate relationship), the group members, and the counselors are all confident that the battering will not recur, then termination is appropriate.

In most cases, this takes approximately a year.

When a client is terminated, if he and his spouse choose to continue a relationship, they should be referred for couples therapy with a counselor who has an understanding of battering. These couples often still have problems in communicating with each other and they usually need some assistance in rebuilding trust. It is important to note that the goal of therapy at this stage has changed from stopping the battering (already accomplished) to improving personal relationships. Couples counseling should reinforce the concept that each individual is responsible for his/her own behavior. Typical issues of concern for these couples are sexual functioning, parenting skills, financial issues, intimacy and trust.

Whenever possible, follow-up contact should be built into the termination. The men and women are told to recontact the program if either feels that there is a risk of another violent incident or if a battering episode occurs. It is helpful for purposes of program evaluation for the counselor to contact the couple a year after termination and make systematic inquiry about battering as well as their reactions to the counseling program. Those evaluations should be individual interviews.

Cultural and Ethnic Variables

Men who batter come from all ethnic and racial groups. Sometimes a client (or counselor) may attempt to deny the battering by justifying it in terms of his racial or ethnic

group ("I'm just a hotblooded Italian!" or "Mexicans are like that..." or "It's part of our culture"). While there are some differences in the way a particular group may talk or not talk about battering, there is little variation in how battering is done and in how it affects the victims and offenders. Consequently, regardless of the cultural or ethnic group, the goal in counseling remains the same.

However, as in any counseling, therapists for men who batter need to be sensitive to the cultural and ethnic variables which influence the treatment process. The counselor needs to understand the cultural uniqueness of a client as well as the cultural similarities he may share with other groups. The counselor needs to be aware that strategies and resources for change vary according to racial groups. For example, in an earlier section, I mentioned an intervention which involved the extended family of a Native American man. The same strategy may not have been successful with a white man due to differences in family values. While a review of the various strategies and resources for counseling men from different cultures is beyond the scope of this manual, I encourage therapists to be aware that there are such variables. Moreover, it is important to utilize cultural values and resources in assisting clients to change their violent behavior.

Religious Issues

Some men who batter talk about religious issues during therapy. Their childhood and/or adult experiences

in a religious group may result in their expressing feelings and concerns in religious terms. When these concerns are expressed, they need to be addressed by the therapist with sensitivity. They should not be discounted or ignored. The batterer may talk about religious concerns as a means to minimize or justify his abusive behavior. The man may suggest that the Bible gives him the right to dominate his wife and children. If these concerns are not addressed directly in terms of his values and belief system, they can become road blocks to his progress in therapy. Likewise, it is important to note that a man's religious beliefs can also be a valuable resource to him in supporting his therapy process. Prayer, and the support of his clergy and congregation for him to stop the violence and stay in therapy, can be the key to change.

AGENCY AND STAFF ISSUES

Implementing counseling programs for men who batter directly impacts the agencies and staffs involved. In order to ensure that programs can meet the multiple needs of clients and their families, two crucial issues must be addressed: (1) coordination and communication among the agencies involved in the community response to battering and (2) prevention of burnout among staff.

Coordinated Communication

This manual is written for those who are counseling men who batter. Throughout these pages there are references that suggest that a community response to battering involves more than counseling programs for men. It also involves all the other systems that respond to the batterers and victims of abuse: legal, law enforcement, medical, religious, educational, welfare, and shelter systems. Each community has its own combination of agencies that work with family violence problems. It is important that counseling programs for men who batter coordinate and communicate with these agencies in order to share resources and avoid duplication. The statistics on family violence clearly indicate that battering is a major medical and mental health problem in this country. Only through a cooperative effort can it be eliminated.

In particular, it is crucial that counseling programs for men who batter be coordinated with services for women and children. The treatment philosophies and approaches used in one program affect other programs. Programs for men who batter should not be implemented unless there is a shelter or safe home system already in place in the community for victims of spouse abuse. The safety of the victims and children must take priority. Moreover, effective therapy cannot be done with men if their therapists are continually worried about the victim and the children. This anxiety about victims can only be reduced when the counselors know that the victim has a place in the community where she can be safe. Coordina-

tion and cooperation among these agencies requires commitment and energy from all involved. The problems associated with battering are larger than any one agency. Communication and cooperation are necessary for the survival of these programs.

Prevention of Burnout Among Staff

Burnout can best be prevented by understanding how working with men who batter impacts us as counselors and by developing effective coping skills to deal with that impact. The most common emotional response among counselors to this work is anxiety (sometimes experienced as anger). We are anxious that a client may be killed; we are anxious that we may become the victim of the violence; we are anxious about our competency as counselors; and sometimes we become anxious about being legally sued or in some way being publicly reprimanded for counseling these men. When we are anxious, our effectiveness decreases; and if the anxiety is chronic, it can lead to burnout.

To reduce anxiety about these issues, we have to develop realistic expectations of ourselves and others, and we should take certain steps to care for ourselves in the process of this work. First, it is realistic to expect that in any program responding to battering, there will be a death of a client at some time. Prior to this happening, the possibility should be discussed. When it happens, the counselors involved need to discuss further their feelings in order to integrate the experience constructively.

Second, it is realistic to expect that we as counselors may also be attacked by clients. In working with batterers, it is less likely that this will occur than in working with the victims. In my counseling with men who batter, I have never been physically attacked. This is probably due to the way the counseling is structured. I am aware that there have been a few incidents where those working with victims (lawyers, counselors, etc.) have been attacked by their violent spouses, but not as often as one might expect given the families' violent histories. Although not probable, the possibility of harm from battering clients remains. To reduce anxiety about this, it is helpful to take precautions, such as not seeing these clients unless other staff are available in the area, etc.

Third, sometimes we as counselors fear a malpractice suit in cases where there has been a homicide or suicide. This fear can either lead us not to work with men who batter or it can lead us to take realistic and reasonable precautions by keeping accurate records of our counseling and, in the case of professionals, by having malpractice insurance.

Fourth, in addition to possible public reprimands of counseling, we often have internal fears about being incompetent. The men themselves are complicated and challenging clients. Moreover, counseling with men who batter is still a relatively new field. Therefore, we may leave many sessions feeling incompetent. Ongoing education and support from

others is crucial in our developing new competencies and our having a reality check on our already existing skills.

In addition to those strategies for dealing with anxiety listed above, it is also important that a counselor has a realistic assessment of family violence and the role she or he can play in eliminating it. Working with battering families is demanding and emotionally draining. It is helpful for us to know our own limits and take responsibility for setting those limits before our energy is totally depleted. The need is greater than the available resources at this point, so priorities have to be set. For counseling programs, this translates into maintaining waiting lists, cooperatively using the resources of already existing programs, etc. For the individual counselor, it may mean setting a quota on how much of his or her direct service work will be with violent families. We must know our limits and use them as guides to ensure that our counseling remains effective. Just as we teach the men to care for themselves in constructive ways, in doing this work we all must care for ourselves by setting limits, having skills to reduce anxiety, and by developing a support system which renews our efforts.

In closing this manual, I chose to address this issue of burnout. Our understanding of battering and our skills in changing it are growing, but they can be furthered by insights from counselors whose experiences span ten, twenty, and thirty-year histories. To acquire such a history, counselors need to prevent their own burnout. In addition, we

need to prevent burnout because there are already too many victims of family violence. Through active cooperation, we can prevent our becoming the "burnout" victims of family violence and we can better serve those seeking our assistance.

NOTES

Section I

1. Others in the domestic violence field would not necessarily make this same distinction between psychological battering and emotional abuse. Some would consider both categories of behaviors as battering.

2. One exception is the case of the woman whose partner had never physically attacked her. However, throughout their marriage she was fully aware that he had shot his previous wife during a family argument. When the psychological abuse of her began, that knowledge of his past violence served the same function as an actual attack on her. Consequently, in such a case, I would label his verbal abuse of her as psychological battering.

3. Sometimes the battering of parents begins when the children become teenagers and strong enough to use force to retaliate for the child abuse they experienced. Sometimes the battering of older adults occurs when middle-aged children assume a more primary caretaking role with older adult parents who are experiencing mental and/or physical disabilities.

4. Space does not allow a review of the major theoretical positions. A detailed review and critique of the theoretical views of aggression can be found in Bandura, Albert. Aggression: A Social Learning Analysis, Englewood: Prentice Hall, Inc. 1973.

5. Not all violence is learned behavior. Some violence may be symptomatic of a neurological disease process or psychosis. For example, in the final stages of Huntington's Chorea, patients may be violent as the nervous system degenerates. This type of violence can be distinguished from battering. Typically, this violence is random. There is no particular pattern in either when it occurs or who is struck. In such cases, the nursing personnel become as likely a target as family members. Also, with diseases, there are other neurological symptoms such as distortions in motor coordination and changes in speech. In the cases of psychosis, violence often fits a delusional system, e.g. the man who becomes violent when "the devil unleashes the forces of the C.I.A. on him." Violence stemming from a disease or psychosis requires different interventions than those described in the counseling section of this manual.

6. In a small research sample, Dr. Lance Harris and I found that about 70 percent of these men had that experience.

7. This arousal pattern should not be confused with Lenore Walker's cycle theory of violence.

8. The exception to this generalization is that there is some evidence that certain drugs, such as speed and supposedly angel dust, do trigger violent behavior. Most other drugs do not specifically cause violence.

Section III

9. Early in my work, I did all intake interviews of couples seeking marital therapy by seeing the two people in one joint session. Now the routine intake consists of time spent with each individual and some time with the two together. This routine procedure has increased the frequency of reports of battering.

10. Even if the children are not physically or sexually assaulted, children of wife beaters are emotionally affected by the battering. When possible, this emotional abuse of children needs to be assessed and appropriate referrals made for the children. Often, pointing out the impact of the wife battering on the children can further emphasize the necessity for the batterer to stop his violent behavior.

11. See Lenore Walker's The Battered Woman for a discussion of Walker's cycle theory of violence.

12. Those not familiar with procedures in mental status examinations should seek additional readings/resources to acquire these skills.

13. See Appendix B and the Annotated Reference/Resource List (Appendix A) for articles discussing more fully the appropriate responses to women who are battered.

14. As in the case of the mental status exam, it is beyond the scope of this manual to teach procedures for the initial assesment of brain damage. Those unfamiliar with these procedures should acquire some additional training on this topic.

Section V

15. Treatment of choice was and still is group counseling. However, due to my schedule conflicts, I could not offer groups and, consequently, counseling was offered in individual sessions.

16. His physical activity should not resemble in any way his battering behavior (no punching bags, no beating pillows, etc.) The intent here is for him to relax himself physically without using battering-like behaviors. The reduction of tension reinforces whatever activity he uses to become relaxed. It is better to have non-battering behaviors reinforced so that in the future he will be more likely when tense to engage in those non-violent activities rather than battering ones.

17. In working with the victims, a complementary time-out procedure may be taught. The woman can be taught to take a time-out when she feels afraid of being battered. In this way she protects herself. The goal of his time-out is to prevent his battering; the cue is his anger, and his action should be to leave. The goal of her time-out is to protect herself; the cue is her fear, and her action should be to leave.

Section VI

18. Temporary or permanent separation from the offender may be the appropriate strategy for the victim's protection. However, I do not feel it is an appropriate strategy for motivating the offender.

Appendix A

ANNOTATED REFERENCE/RESOURCE LIST

BATTERING:

Hilberman, Elaine. "Overview: The 'Wife-Beater's Wife' Reconsidered." American Journal of Psychiatry, 173: 11 (November, 1980).

Martin, Del. Battered Wives. San Francisco: Glide Publications, 1976.

Good overview of problem; especially good chapter on legal issues involved; clarifies some of the complexities that face communities trying to stop such violence. For therapists as well as general reading.

Walker, Lenore E. The Battered Woman. New York: Hayne and Row Publishers, Inc., 1979.

This book is based on a three-year research study and clincial practice of a psychologist. Attempts to give a psychological profile of the battered woman. The description of the batterers is largely from reports of their victims. For therapists, as well as general reading.

"Battered Woman - A Hidden Crime." Audio-slide show available on request from Battered Women's Programs, Department of Corrections, Metrosquare Building, Suite 430, 7th and Robert Streets, St. Paul, Minnesota, 55101.

AGGRESSION AND ANGER:

Bandura, Albert. Aggression: A Social Learning Analysis. Englewood Cliffs: Prentice-Hall, Inc., 1973.

Excellent review of various theoretical understandings of aggression as well as a good review of current research in the area. Good for therapists who want to develop interventions well-grounded in a theoretical understanding of aggression. For therapists.

Navaco, Raymond. Anger Control. Lexington: Lexington Books, 1975.

Navaco discusses the development and evaluation of

an experimental treatment which utilizes cognitive restructuring procedures. For therapists.

ASSERTIVE SKILLS:

Lange, Arthur and Patricia Jakubowski. Responsible Assertive Behavior. Champaign: Research Press, 1976.

Good book for trainers of assertive skills as well as cognitive restructuring procedures. For therapists.

Bloom, Lynn, Karen Coburn and Joan Pearlman. The New Assertive Woman. New York: Dell Publishing Co., Inc., 1975.

Excellent book for therapists and those wanting to learn assertive skills for themselves. Best of the self-help books for both men and women; covers many issues that battering men must address.

FAMILIES:

Patterson, Gerald R. Families Application of Social Learning to Family Life. Champaign: Research Press, 1977.

A basic book that clearly describes conflict resolution and discipline techniques for family use that would be alternatives to aggression. For therapists and general audiences.

RELIGIOUS ISSUES:

Fortune, Rev. Marie and Denise Hormann. Family Violence: A Workshop Manual for Clergy and Other Service Providers, 1980.

SEXUALITY:

Barbach, Lonnie Garfield. For Yourself: The Fulfillment of Female Sexuality. New York: Signet Book, 1975.

Excellent and very readable book for anyone wishing to understand female sexuality.

Zilbergeld, Bernie. Male Sexuality. Boston: Little, Brown, and Company, 1978.

Excellent and very readable book for anyone wishing to understand male sexuality. Has good chapters that relate masculinity issues with sexuality.

COGNITIVE RESTRUCTURING:

Forey, John P. and Diana Rathjen, eds. Cognitive Behavioral Therapy. New York: Plenum Press, 1978.

Meichenbaum, Donald. Cognitive Behavior Modification. New York: Plenum Press, 1979.

Appendix B

PRACTICE PRINCIPLES FOR HELPING BATTERED WOMEN/VICTIMS OF SPOUSE ABUSE

by

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Research has demonstrated the epidemic nature of spouse abuse in the United States:

> "A Survey of Spousal Violence Against Women in Kentucky" (July 1979) found that 21%, or over 169,000 married women in that State reported being victims of at least one incident of physical violence; 1 in 10 of them reported an incident within the last year.
>
> A nationwide survey of the extent of spouse abuse indicates that 1.8 million wives are beaten by their husbands each year. The author of the survey, Murray Straus, stated that the true rate of violence is probably closer to 50-60% of all couples, rather than the 28% who are willing to describe the violent acts in a mass interview survey.
>
> The U. S. Department of Justice reports that the possibility of an actual attack and the likelihood of sustaining injury because of an attack increases with the level of intimacy within the victim-offender relationship.*

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* U. S. Department of Justice, Law Enforcement Assistance Administration, A Survey of Spousal Violence Against Women in Kentucky, 1979, p. 1.

Murray A. Straus, "Wife Beating: How Common and Why?", Victimology: An International Journal, Vol. 2, 1977-78, No. 3-4, pp. 443-458.

U. S. Department of Justice, "Intimate Victims: A Study of Violence Among Friends and Relatives," January 1980, p. 13.

The above are quoted as cited in Family Violence: A Workshop Manual for Rural Communities, Rev. Marie Fortune and Denise Hormann, MSW, authors.

The victims/survivors of spouse abuse often seek shelter and/or counseling. This article is for the people to whom the women turn for help.

ASSUMPTIONS/VALUES OF THE HELPER

We must be aware of our own attitudes, values and experiences with violence, particularly violence in the family, before we try to be of help to battered women. Our histories will influence how we react to the violence when we listen to battered women. For example, if we react with fear, the battered women may interpret this as inability to help her and her family, and her own sense of helplessness could be affirmed. Battered women need our support and we have to face our own assumptions/values/experiences about family violence in order to effectively provide that support.

The authors believe the following assumptions/values are important for consideration by helpers:

1. Violence and abuse are never appropriate in intimate and/or family relationships.

The victim does not "deserve" or enjoy the abuse. Battering does not solve problems for the abuser as it ultimately creates more problems in the relationship. Violence may temporarily serve to camouflage existing problems while it creates emotional distance in the relationships.

2. Battering is a social problem and it is learned behavior.

The abuser and the victim are neither "sick" or crazy. A helper needs to assume that the battered or abused woman

is potentially healthy and able to take care of herself and her family. Assert to both victim and abuser that the violence is the responsibility of the abuser. He must learn to change his behavior - it is not her fault that he is violent. She can only change her behavior and cannot cause or eliminate his violence.

3. The helper must be committed to work toward ending the violent aspect of the relationship.

The individuals and the relationship cannot be healthy if the violence continues. Good communication and problem-solving cannot develop in a violent relationship. Violence cannot be ignored, or condoned, or tolerated while other "family" problems are treated or explored. If communication, trust, and mutual nurturance are to be developed, safety for the victim must first be achieved.

4. The battered woman needs support and information to make her own choices:

The helper cannot assume responsibility for the outcome. Helpers who judge the woman, invest themselves in a "successful" outcome of her ending the relationship, and/or "rescue" the woman, will increase her sense of guilt and unworthiness. She may not return to the helper the next time she is ready to explore changing the situation.

AT THE TIME OF CRISIS

When a battered woman seeks help, she needs someone to listen to her and to believe her. The following concerns need

to be addressed when the woman first comes for help. Assess the amount, the kind of violence, and the extent of the danger that the victim faces. Always take the reported violence seriously. Both the victim and the abuser are very likely to minimize or deny the violence. (This is even more pronounced in the longer and/or more violent relationships.) Do not anticipate the victim to exaggerate or lie about the violence. She is more typically ashamed of it and may even appear "numb" to the violence and pain she endures. Battered women often falsely believe they deserve the abuse and do not deserve help. Assert her value as a human being who deserves not to be beaten. Help her get a realistic picture of the danger, letting her know how to find shelter or safety when she needs it. Repeat the information about how to get safe until you are sure she understands it, perhaps asking her to tell you the name and number of the crisis service. Let her know that you and others will help her but that there are no quick, easy answers. Do not demand instant decision-making or contribute to unrealistic expectations. Encourage her to identify her fears in seeking your help, such as a fear that the abuser might find out where she is or a fear that no one will believe her. Clarify that you will remain confidential and will not contact the abuser. She may also fear that you will try to tell her what to do, for example, leave her husband/lover, or judge that person. Let her know that you believe her story and care what happens to her, without blaming her or the abuser.

Allow her to tell her story in her own way. Believe her. Do not interrupt or pressure her to begin problem-solving. The history of the relationship contains valuable information, and in order to make changes, she will need to understand herself and her situation. She needs to recall, in detail, the extent of the violence, how she feels about it physically and emotionally, and how others react to the knowledge of it. Problems in her own behavior, such as her own use of violence, may emerge. Help her sort these out from the problems and behaviors of her spouse, children, and others.

Help her identify her feelings during and after the storytelling. This may be difficult for her since a common coping mechanism for battered women is the kind of numbness or helplessness that may camouflage anger and other strong emotions she was unable to handle while she lived in fear. Do not deny any of her feelings, such as anger at men or the abuser or feelings of love for the abuser. Help her express and label all feelings. Be prepared for ambivalent or fluctuating feelings as different aspects of the relationship, the violent incidents, or the abuser's behavior are recalled.

DIFFUSING THE CRISIS

The impact on the victim caused by violence in the family lessens as the woman looks at her experience and begins to focus on her strengths. Identify how violence has changed or affected her behavior. Women with children often begin this process by talking about the effect of the violence on their

children. Harm to the children is often a battered woman's motivation for seeking help. Continue this process until she identifies the ways in which she has adapted to the violence and has tried to protect herself or "prevent" the violence. Identify the behaviors and substances, such as tranquilizers, alcohol, or other drugs which may be in use to help cover the pain. Clarify that she did not "provoke" or cause his behavior. She may have contributed to his stress, but he is capable of expressing anger in other ways than violence. He has a choice, and so does she.

Self-esteem, self-care and self-nurturance are necessary for the transition from a victim posture to an empowered woman. Help her identify her strengths as well as her weaknesses. Encourage her to state some positive roles for her life, self, and children. Do not encourage a constant focus on her victimization. Clarify her need to change as more than a reaction to the abuser. Help her find activities and methods of making herself feel good and stress that this is essential to her well-being. Women are not socialized to this so it may be slow to develop. Be aware of the ethnic and cultural values in this change process, and encourage her to express these values as a source of self-esteem. Religious beliefs may also be a source of strength during this time.

SURVIVING

Victims of spouse abuse need tools to identify and solve problems and to get help from the various systems. In addi-

tion, they need support from a group of battered women or from others who share some of their same experiences.

Problem solving begins with a response to, or a recheck of, the woman's safety. Once her safety is ensured, develop a list of problems, establishing small steps to achieve each one. The battered woman must learn and perform every step of this process herself. Helpers can clarify and support, but must resist the urge to call for the woman or do too much for her. Many times it seems faster and easier for the helper to get something done, but then the information and skills are not transferred to the victim/survivor.

It is helpful to identify the outcome, reward, or natural consequence of each step's achievement. For many victims of battering, a sense of logical consequences has been destroyed by senseless violence for which an "unreasonable reason" has been given. Help her identify her expectations in each situation and relationship to strengthen her confidence in her own perceptions and knowledge. These have often been undermined by the abuser.

Advocacy with systems such as welfare, police, courts, schools, and medical agencies is also needed by many women in crisis or transition from violence. Again, as with problem solving, the goal is to teach the method of getting help. Suggest a consumer approach to social services, giving the woman the information about how to find resources, how to learn what is offered and with what requirements and limitations, and how to receive this service with a minimum of

problems. Advocacy can involve a volunteer or another formerly battered woman accompanying her to appointments, to provide emotional support and/or a model of how to get help. Many services and systems in our society do not respond to women's needs. When an unjust barrier has been identified, it is important to discuss this reality and try to develop appropriate action to overcome or change it.

Support of other women, especially battered or once-battered women, is essential to the understanding and growth from victim to empowered woman. Without this connection it is easy for the woman to remain somewhat isolated and to continue to feel guilt for "her" problem. Family and friends may be supportive or may be obstacles to change. Families often are themselves overwhelmed and frightened by the threats and history of violence. In a group of unrelated people with whom she shares a common experience, the battered woman can fully explore all of her concerns.

TRANSITIONAL NEEDS

Keep the door open. Let her know that whatever she does or decides about her violent relationship it is her decision and that you will not judge her for returning to the relationship or for trying again to cope within it. Express concern for her, and her safety, and the value you see in her. Many battered women return to the violence a number of times before they decide that no change is possible and that they do not want to live with the violence.

Finally, clarify to yourself throughout your helping relationship with a battered woman that you are not fostering dependency on yourself as a replacement for the abuser. Make sure that you do not take over her decision-making. Get the personal support you need to help her face problems and the violence from resources in your own life, so you do not contribute to her customary burden of taking care of everyone else's feelings but her own.

Appendix C

GROUP INFORMATION SHEET

PURPOSE: The goal of the group is to provide an opportunity for the members to end their battering behavior by learning to manage their anger and learning new constructive ways of coping with the stresses in their lives. Each member is responsible for his battering behavior as well as for what he does in counseling.

GROUP GUIDELINES:

1. The group begins and ends on time. If you are more than 10 minutes late do not come since this will interrupt the group.

2. If you cannot attend, call the leaders at _____ and leave a mess[illegible]. Your absence should be explained to the group at the next meeting to maintain group solidarity.

3. What occurs in group is confidential. You can share with others only information about yourself. Do not disclose any information about other group members.

4. Participation in the group involves talking about oneself and hearing feedback from others as well as listening to others and giving feedback. This information and feedback sharing is done to assist all group members in being successful in achieving the group goals.

5. There is no smoking, drugs, or alcohol during group. Intoxicated or high individuals should not attend groups.

6. Bring a paper and pen/pencil, because some group exercises require writing.

PROCEDURE:

A. Group begins with everyone introducing themselves to each other. There may be new people joining the group and it is important they be welcomed.

B. An outline is made on the blackboard listing what the leaders and members want to work on in group and how much group time each one wants. Group members are responsible for monitoring the time.

Prepared by Warner Karshner and Anne Ganley
May 1981

CWPS

Established in 1972 as a feminist policy research center, the Center for Women Policy Studies works to educate both the public and policymakers about the need for change in the legal, social, and economic status of women. In addition to its work related to women as victims of crime, projects of national significance have included a study of consumer credit for women, a book series through Sage Publications on women's policy studies, a study of female offenders, a study of on-the-job harassment, and research on programs and services for midlife and older women. The Center for Women Policy studies is a nonprofit corporation organized in the District of Columbia and tax exempt as a public foundation under section 501-c-3 of the U.S. Tax Code.

CWPS Training Workshop

The *Participant's Manual* is designed to accompany a workshop to train mental health professionals to provide court-mandated counseling for men who batter. The training workshop and the *Participant's Manual* were developed primarily for mental health practitioners who are coordinating or plan to coordinate their efforts with the criminal justice system in their communities. The workshop, however, can also be helpful to other human service and criminal justice professionals working in the domestic violence field. Training can be arranged through the Center for Women Policy Studies.

The training workshop, which can accommodate up to thirty participants, is presented by two trainers and includes both information-giving and skills-building sessions. The workshop addresses counseling for batterers who are court-ordered into treatment, as well as those who are self-referred. The goals of the training workshop are:

- to increase the participant's knowledge of wife battering, counseling approaches for those who batter, and the community's criminal justice response to battery;
- to increase the participant's willingness and commitment to provide counseling for men who batter; and
- to create a cooperative network among workshop participants which will provide them with additional learning and support after the workshop adjourns.

For further information on the CWPS training program, contact the Center for Women Policy Studies, 2000 P Street, NW, Suite 508, Washington, D.C. 20036, (202)872-1770.

CWPS Publications on Family Violence

***Legal Help for Battered Women,* by Lisa G. Lerman. 1981, $1.50.**

Written for battered women and service providers, this pamphlet describes the legal remedies available to battered women in many states. Lerman briefly discusses civil remedies including protection orders, temporary restraining orders, peace bonds, and divorce, as well as the criminal prosecution of wife beaters.

***Prosecution of Spouse Abuse: Innovations in Criminal Justice Response,* by Lisa G. Lerman. 1981, $7.00.**

This monograph, written for professionals working with the criminal justice system, is the only comprehensive survey of what prosecutors can do to handle domestic violence cases more effectively. *Prosecution of Spouse Abuse* outlines the primary obstacles to successful prosecution of spouse abuse cases and sets forth innovative policies which can lead to reduced case attrition rates, improved police response, increased conviction rates, and effective rehabilitation of batterers. Lerman discusses the use of victim assistance, diversion, and informal action in spouse abuse cases.

***Wife Abuse in the Armed Forces,* by Lois A. West, William M. Turner, and Ellen Dunwoody. 1981, $10.00.**

Wife Abuse in the Armed Forces investigates the nature of spouse abuse in the military community and explores the response of military officials and service providers to the problem. The authors outline the family programs in each of the services and make recommendations for developing military spouse abuse programs. The monograph includes a discussion of the legal remedies available to battered military wives.

***Cracking the Corporation: Finding Corporate Funding for Family Violence Programs,* by Margaret Dunkle. 1981, $5.00.**

Cracking the Corporation, a guide to corporate fund raising for family violence programs, includes tips on finding corporate funding, a list of publications on corporate giving, a list of the Foundation Center's nationwide network of reference collections available for public use, and an article on seeking corporate funding for women's educational equity.